

CONFIDENTIAL
GHC First Aid Report Form

NUMBER

How to complete the form:

Boxes in **blue** **MUST** be completed for any injury

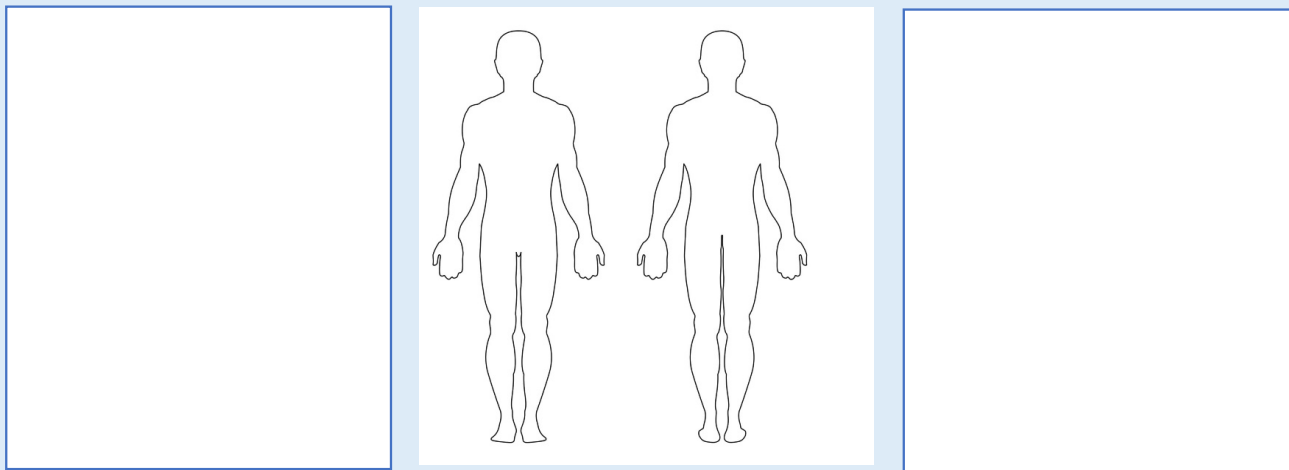
Boxes in **green** do NOT need to be completed if the injured person is a GHC member - **use for visitors details**

Boxes in **orange** are only required if someone is recommended to go to hospital, ie for xray, stitches etc

Once the form is completed please take a photo and email to first.aid@guildfordhc.com

Date	Location	Time	
First & Surname		Sex	DOB
Patient's Address		Tel No	
Allergies?	Medications?		

What happened? How ,where and when - ring injured area on diagram and add treatment note



EH Hospital reporting - for everyone sent to hospital. Circle as appropriate from below

Match	Training	Senior	Junior		Open Play	Penalty Corner
What caused the injury?		Ball	Stick	Body		
Discharged how?	Ambulance	Hospital	Own Doctor	Other ?		

Witness Name and Signature: only complete if patient refused treatment

First Aider name and signature	Patient signature	Time out
--------------------------------	-------------------	----------

ITEMS USED DURING TREATMENT - THESE WILL BE REPLENISHED BY FRIDAY OF WEEK FOLLOWING RECEIPT OF FORM BY FIRST AID OFFICER EG. ICEPACKS X2,

1	4
2	5
3	6

CHECKED ON BEHALF OF GHC BY:	KITBAG USED
Further Action?	