

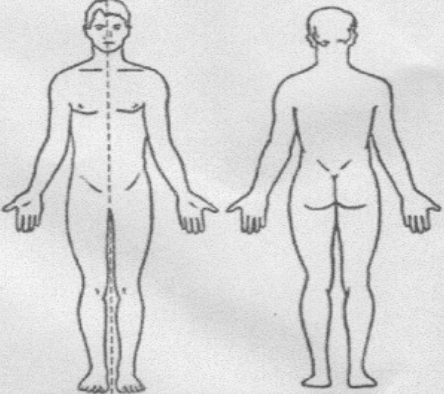
CONFIDENTIAL GHC First Aid Report Form	NUMBER
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Date	Location	Time	
Surname	First Name	Sex	DOB
Patient's Address		Tel No	
Allergies?	Medications?		

What happened? How, where and when

EH Hospital reporting - tick boxes for everyone sent to hospital to identify match or training, senior or junior, open play or pen corner and what caused the injury - Ball, stick or body?

Match		Training		Senior		Junior	
Open play		Penalty Corner		Ball		Stick	Body

Past medical history <input type="checkbox"/> Not known <input type="checkbox"/> Asthma <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Diabetic <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hypertension <input type="checkbox"/> other? <input type="checkbox"/> Cardiac <input type="checkbox"/> Medi Alert—what?				
Time	Breathing	Pulse	Conscious level A lert V oice P ain U nconscious	Other observations
A abrasion Bl bleeding Bu burns C contusion D deformity F fracture L laceration P pain S swelling T tenderness			Treatment <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Discharged how? Ambulance Hospital Own Doctor Other ?

Witness Name and Signature: must complete if patient refused treatment

First Aider name and signature	Patient signature	Time out
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Once complete - email form to Michelliefussell@gmail.com

ITEMS USED DURING TREATMENT - THESE WILL BE REPLENISHED BY FRIDAY OF WEEK FOLLOWING RECEIPT OF FORM BY FIRST AID OFFICER EG. ICEPACKS X2, EYE WASH X2, MED CREPE BANDAGE X1

1	4
2	5
3	6

CHECKED ON BEHALF OF GHC BY:

Further Action?