

First Aid Form – School and Parent/Guardian/Carer Record



Holy Eucharist School is a school which operates with the consent of the Catholic Archbishop of Melbourne and is owned, operated and governed by Melbourne Archdiocese Catholic Schools (MACS).

Student Name: _____

Class: _____ Date: _____ Time: _____

Staff Member's Name: _____

Location with the school: _____

Does the student have a medical plan? Y/N

If yes, please consult the **Special Health Needs Booklet** _____

The student received first aid attention for the following reason

- | | |
|---|--|
| <input type="checkbox"/> Insect sting or bite | <input type="checkbox"/> Received knock/blow to the head |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Heavy knock or bruising to body |
| <input type="checkbox"/> Complained of abdominal pain | <input type="checkbox"/> Received cut/abrasion which caused distress |
| <input type="checkbox"/> Complained of earache | <input type="checkbox"/> Complained of headache |
| <input type="checkbox"/> Bad cold | <input type="checkbox"/> Complained of toothache |
| <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Complained of chest pain |
| <input type="checkbox"/> Had an asthma attack | <input type="checkbox"/> Suffered from diarrhoea |
| <input type="checkbox"/> Had rash/sores | <input type="checkbox"/> Nosebleed |
| <input type="checkbox"/> High temperature | <input type="checkbox"/> Complained of sore throat |
| <input type="checkbox"/> Other reason: _____ | |

The student received the following treatment

- | | |
|---|---|
| <input type="checkbox"/> Received first aid at school | <input type="checkbox"/> Parent/guardian/carers contacted by telephone |
| <input type="checkbox"/> Allowed to rest and returned to class | <input type="checkbox"/> Attempted to contact parent/guardian/carers (message left) |
| <input type="checkbox"/> Taken to outpatients at local hospital | <input type="checkbox"/> Collected by parent/guardian/carers |
| <input type="checkbox"/> Ambulance called | |

Additional comments, e.g. witnesses to incident etc:

Name: _____

Date and Time: _____ Signed: _____

Copy for Parent/Guardian/Carer and original to be kept at school on file.