



**KINGSTON COMMUNITY CHURCH
HEALTH & SAFETY**



FIRST AID EVENT REGISTER

We use this form to record details when first aid treatment is given.

PERSONS NAME:	
PLACE WHERE INJURY OCCURRED:	
DATE OF TREATMENT:	
TIME OF TREATMENT:	
FIRST AIDER:	
DESCRIPTION OF INJURY:	
TREATMENT PROVIDED:	
FIRST AID ITEMS USED:	
	Reminder: Replace any first aid items used

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