

## **ADMINSTRATIVE PROCEDURES**

AP 4201 Appendix B: First Aid Treatment Log Site Location Date Name of injured Location of Description of injury Treatment First Aid Attendant Time DD-MM-YYYY Incident Students: Guardian Notified- Y / N, time-\_\_\_\_\_ SPP Submission complete- Y / N Staff: Supervisor notified- Y / N Form 6A complete- Y / N Name of injured Description of injury Date Time Location of Treatment First Aid Attendant DD-MM-YYYY Incident Students: Guardian Notified- Y / N, time-\_\_\_\_\_ SPP Submission complete- Y / N **Staff:** Supervisor notified- Y / N Form 6A complete- Y / N Name of injured Description of injury Time Location of Treatment First Aid Attendant Date DD-MM-YYYY Incident Students: Guardian Notified- Y / N, time-\_\_\_\_\_ SPP Submission complete- Y / N Staff: Supervisor notified- Y / N Form 6A complete- Y / N First Aid Attendant Date Time Name of injured Location of Description of injury Treatment DD-MM-YYYY Incident Students: Guardian Notified- Y / N, time-\_\_\_\_\_ SPP Submission complete- Y / N Staff: Supervisor notified- Y / N Form 6A complete- Y / N Date Time | Name of injured Location of Description of injury Treatment First Aid Attendant DD-MM-YYYY Incident Students: Guardian Notified- Y / N, time-\_\_\_\_\_ SPP Submission complete- Y / N Staff: Supervisor notified- Y / N Form 6A complete- Y / N