

First Aid Record Form

Date of the injury or illness: _____ Time: _____ AM
PM

Date that this was reported: _____ Time: _____ AM
PM

Full name of the injured person: _____

Description of the injury or illness:

Description of where the injury or illness occurred/began:

Cause of the injury or illness:

First Aid provided Yes ☐ (If yes, complete the rest of this page) No ☐

Name of the First Aider:

First Aider qualifications:

Emergency First Aider ☐
Standard First Aider ☐
Advanced First Aider ☐
Nurse ☐

Emergency Medical Technician – Paramedic ☐
Emergency Medical Technician – Ambulance ☐
Emergency Medical Technician ☐
Emergency Medical Responder ☐

First Aide provided:

First Aider Signature & Date _____

Library Director & Date: _____

