



FIRST AID LOG

1. Event director should complete local emergency contact information prior to event and provide multiple copies of this First Aid Log to the First Aid providers.
2. Each First Aid provider must maintain his/her own First Aid log.
3. First Aid provider should turn in First Aid log to Event Director.

Camp/Event/Activity: _____ Event Start Date: _____ Event End Date: _____

Event Location: _____ Event Director: _____ Event Director's Phone: _____

Local Emergency Access Numbers (to be completed by Event Director prior to event):

EMS/Ambulance: _____ Police: _____ Fire: _____ Poison Control: 800-876-4766

Nearest Hospital: _____ Phone: _____ Address: _____

Note: If it is necessary for you to use a cell phone to contact emergency services, it may take longer to receive service if you dial 911. Use a landline whenever possible when dialing 911. If you must use a cell phone, it is recommended that you dial the local emergency access number directly.

Name	Home Phone	Date	Time	Complaint	Assessment	Action/Treatment	Remarks
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

First Aid Provider: _____ **Signature:** _____ **Date:** _____