

Register of Injury

Injured Persons Details Name: _____

Date of birth: _____ Phone: _____

Address: _____

Accident/Incident Details Date of event: _____ Time of event: _____

First Aid Administered by: _____ Report prepared by: _____

Activity and area in which the person was engaged at the time:

Type of injury, part of body injured/nature of the incident:

Cause of injury:

Treatment Given/Action Taken:

Further treatment needed/suggested:

Name & signature of injured person/Guardian: _____