Guardian Light
quality care services

First Aid Log Sheet

Date of injury or illness: _____ **Time:** _____ ___ AM ___ PM
Day / Month / Year

Date injury or illness <u>reported</u>. _____ **Time:** _____ ___ AM ___ PM
Day / Month / Year

Full name of injured person. _____

Description of the injury or illness:

Description of where the injury or illness occurred/began:

Type of Injury/illness:

___ Allergy
___ Bite
___ Bruise
___ Burn
___ Crush
___ Cut/laceration
___ Fracture
___ Muscle strain /pain
___ Pull
___ Puncture
___ Respiratory illness
___ Scald
___ Body motion
___ Caught in between
___ Contact with Equipment
___ Needle stick
___ Fall
___ Overexertion
___ Positioning
___ Progressive
___ Slip /trip
___ Emotional /mental health
Transfer - Type:
___ 1 Person
___ 2 People
___ Mechanical

Other:

Location of injury/illness:

First aid provided: ___ Yes ___ No

Describe first aid provided

Recommendations:

First aider signature: _____

Date: