Melbourne Archdiocese
Catholic Schools

Marymede Catholic College First Aid Form

School and Parent/Guardian/Carer Record

Student name: _____

Class: _____Date: _____Time: _____

Staff member's name: _____

Location of incident/injury/trauma/illness	
Date	
Name of person who witnessed the incident/injury/trauma/illness	
Witness signature:	
Date:	

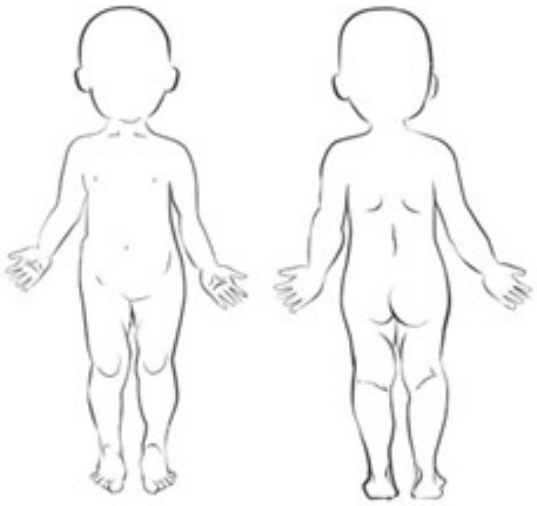
Does the student have a medical management plan? Y/N

If yes, please consult the **Special Health Needs Booklet** [or equivalent directions to school staff for location of relevant information]

The student received first aid attention for the following reason

☐	Insect sting or bite	☐	Received knock/blow to the head
☐	Vomiting	☐	Heavy knock or bruising to body
☐	Complained of abdominal pain	☐	Received cut/abrasion which caused distress
☐	Complained of earache	☐	Complained of headache
☐	Bad cold	☐	Complained of toothache
☐	Persistent cough	☐	Complained of chest pain
☐	Had an asthma attack	☐	Suffered from diarrhoea
☐	Had rash/sores	☐	Nosebleed
☐	High temperature	☐	Complained of sore throat
☐	Other reason:		

Nature of injury/trauma/illness:

 *Indicate the part of the body affected on this diagram*	☐ Abrasion / scrape ☐ Allergic reaction (not anaphylaxis) ☐ Amputation ☐ Anaphylaxis ☐ Asthma /respiratory ☐ Bite wound ☐ Bruise ☐ Broken bone / fracture / dislocation ☐ Burn / sunburn ☐ Choking ☐ Concussion ☐ Crush / jam ☐ Cut / open wound ☐ Drowning (non-fatal) ☐ Electric shock (non-fatal) ☐ Eye injury	☐ Infectious disease (incl. gastrointestinal) ☐ High temperature ☐ Ingestion / inhalation / insertion ☐ Internal injury / infection ☐ Poisoning ☐ Rash ☐ Respiratory ☐ Seizure / unconscious / convulsion ☐ Sprain / swelling ☐ Stabbing / piercing ☐ Tooth ☐ Venomous bite / sting ☐ Other (please specify) .....

The student received the following treatment

□	Received first aid at school	□	Parent/guardian/carer contacted by telephone
□	Allowed to rest and returned to class	□	Attempted to contact parent/guardian/carer (message left)
□	Taken to outpatients at local hospital	□	Emergency contact contacted by telephone
□	Ambulance called	□	Collected by parent / guardian / carer / emergency

Additional comments, e.g. witnesses to incident etc:

_____

_____

Name:_____

Date and Time: _____ Signed: _____

Copy for Parent/Guardian/Carer and original to be kept at school on file.

Approval authority	Director, Learning and Regional Services		
Approval date	17 August 2023	Next review	March 2025