

UK Chaperone Service
First Aid Log Sheet

This form must be completed by the First Aider or designate and kept available.

Name of Injured Person:

Date of Injury (D/M/Y):

Time of Injury:

Name of Witness(es):

Description of Injury / Problem:

Nature/Location of Treatment:

Name of First Aider:

Signed:

Production

Contact Name & Number

Fill in this form and give a copy to production.