girl scouts of colorado

FIRST AID LOG

Certified First Aider: _____ Start Date: _____ End Date: _____

Event/Trip/Camp Name (if applicable): _____

Emergency Information

Emergency Medical Services: _____

Police: _____ Fire: _____ Poison Control: _____

Nearest Hospital: _____

First Aider: Record dates and times of all medications, first aid or medical treatment.

Date/Time	Girl's Name	Complaint/Issue	Action/Treatment	Initial

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Date/Time	Girl's Name	Complaint/Issue	Action/Treatment	Initial