

## First Aid Treatment Record

Complete for **all** first aid administered during Girl Scout meetings or activity events during the year. Provide detailed, specific information to describe injury and treatment. X-out any unused lines. Troop/group volunteers must maintain this form with troop records. Program consultant or event coordinator must attach this form to Event Report.

Note: For any injuries requiring professional medical care, also complete the [Incident/Accident Report](#) and follow Council reporting procedures.

**Troop/Group #** \_\_\_\_\_ **Service Unit #** \_\_\_\_\_ **Leader/Adviser/Event Chair Name** \_\_\_\_\_

Date (mm/dd/yyyy)	Name of Injured	Injury (be specific)	Treatment (be specific)	Name of First-Aider

Signature of First-Aider \_\_\_\_\_ Date \_\_\_\_\_