



KEYS
HUMAN RESOURCES

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First Aid Report

(To be completed by the individual administering the First Aid)

NAME OF INJURED PERSON	
NAME OF THE PERSON ADMINISTERING FIRST AID	
TIME OF TREATMENT	AM / PM
DATE OF TREATMENT	/ /
DESCRIPTION OF THE METHOD OF TREATMENT USED AND PROCEDURES TO FOLLOW REGARDING CARE OF THE INJURY	
BY SIGNING BELOW BOTH PARTIES AGREE TO THE CONTENT STATED IN THIS DOCUMENT	
SIGNATURE OF INJURED PERSON	
SIGNATURE OF PERSON ADMINISTERING FIRST AID	
OFFICE USE	
RECEIVED BY	
DATE	
ACTION TAKEN	



