



1st Aid Form

Ref.: WWForms1stAid

Surname	Forename(s)

Location of Accident	Date of Accident	Time of Accident

Group Members should return the completed form to their Group Scout Leader
 Explorers should return the form to the DESA or DESC

..... Maintain confidentiality by folding so fold so bottom edge of sheet to here
 < Staple here >

Details of Injured Person	Describe the accident or incident
Beaver <input type="checkbox"/> Cub <input type="checkbox"/> Scout <input type="checkbox"/> Explorer <input type="checkbox"/> Network <input type="checkbox"/> Leader <input type="checkbox"/> Parent <input type="checkbox"/> Other:	
Telephone Number:	

What treatment was required?	Description of the injury
None <input type="checkbox"/> First Aid <input type="checkbox"/> Hospital <input type="checkbox"/>	Which part of the body was injured?
Details:	What was the injury? (e.g. bruise, fracture, laceration)

Person who provided assistance / First Aid	Telephone Number

Name of person completing this form	Telephone Number

Please fold the form and pass to your GSL or DESA as appropriate.
 If hospital treatment was required, you must notify Gilwell immediately ☎ 0845 300 1818
 in an emergency the duty officer can be reached on 07977 539 630