



FIRST AID INCIDENT FORM

2018/v4.0

Please complete all sections and return ASAP to:

Sarah Anquetil, First Aid Coordinator
22 Westfield Way, Malpas, Newport NP20 6EX
or email to fac@regia.org

Where did the accident occur? (Event, national/local training, battlefield, LHE, boats, horses <i>etc</i>)		Date & time
Name of injured person	Their age	Their local group
Names of other parties involved		
Name of persons treating injury (Incl. Regia first aider or outside party)		
Nature of the incident (Please give a full account of all relevant details. Description of injury, location, blood loss, weapon <i>etc</i> . Continue overleaf if required)		
Action taken, treatment and advice given (Incl. other professional bodies involved e.g. Hospital/St Johns, advice to refrain from further combat and duration <i>etc</i> .)		
Signature of injured party	Signature of first aider (Or person completing this form)	