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| FIRST AID INCIDENT FORM  2020/v5.0 | | Complete all sections and return ASAP to:  **Regia First Aid Coordinator**  **fac@regia.org** | |
| Where did the event occur?  (Event, national/local training, battlefield, LHE, boats, horses etc) | | | Date & Time |
| Name of injured person | Their age | | Their local group |
| Names of other parties involved | | | |
| Name of person 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 etc. 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, duration etc.) | | | |
| Signature of injured party | Signature of first aider  (or person completing this form) | | |