



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)	