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| FIRST AID INCIDENT FORM2020/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) |