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| https://encrypted-tbn2.gstatic.com/images?q=tbn:ANd9GcQWTu_6KUuwaCW_x0wQEfYFWRL5gjBbuQ9qtdkIxuuAilCnrjpKJ81GsQ | **First Aid Treatment Record****Kit location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | https://encrypted-tbn2.gstatic.com/images?q=tbn:ANd9GcQWTu_6KUuwaCW_x0wQEfYFWRL5gjBbuQ9qtdkIxuuAilCnrjpKJ81GsQ |

**Please complete each time the kit is used**

| **Date and time** | **Name of first aider** | **Full name of injured party (include student or staff number where possible)** | **Injury Details** | **Location (where injury occurred)** | **Treatment and supplies used** |
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