First Aid Assessment

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

Name of participant: ______________________ Age: ________ Today's Date: __________

Troop #: ______ Level: D B J C S Time this assessment started: ____________________

1. Referring to health history:
   A) Allergies: ______________________
   B) Pre-existing conditions: ______________________
   C) Medications taken on regular basis:
   prescription ______________________
   non-prescription ______________________
2. Chief Complaint: ______________________
3. Assessment: Initial Temp ________° 15 min. _______° 30 min. _______°

Alertness	I	15	30
Awake	❏	❏	❏
Sleepy	❏	❏	❏
Non-Responsive	❏	❏	❏

Respiration	I	15	30
Clear	❏	❏	❏
Labored	❏	❏	❏
Wheezes	❏	❏	❏

Skin Color	I	15	30
Normal	❏	❏	❏
Pale	❏	❏	❏
Flushed	❏	❏	❏

Wound/Injury	I	15	30
Bleeding	❏	❏	❏
Swelling	❏	❏	❏
Pain	❏	❏	❏

Pain (w/wo touch)	I	15	30
None	❏	❏	❏
Sharp	❏	❏	❏
Dull	❏	❏	❏

Skin Temp	I	15	30
Warm	❏	❏	❏
Cool	❏	❏	❏
Dry	❏	❏	❏
Moist	❏	❏	❏

Skin Rash*	I	15	30
Raised	❏	❏	❏
Itching	❏	❏	❏
Painful	❏	❏	❏
Oozing	❏	❏	❏

Nausea	I	15	30
Calm	❏	❏	❏
Queasy	❏	❏	❏
Vomiting	❏	❏	❏

* Any rash that is oozing, painful, or associated with a temp **SHOULD BE ISOLATED.**

4. Action/Plan of Treatment:

Initial examination ______________________

15 min. ______________________

30 min. ______________________

— IF NO IMPROVEMENT IN CONDITION IS SEEN WITHIN 30 MIN. REFER FOR FURTHER TREATMENT —

Referral for further treatment: ______________________

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Record of Documentation: ❏ *Injury/Illness Report* completed and sent home with participant.

❏ Incident report completed ❏ Incident recorded in health log.

Name of first aider giving treatment (please print): ______________________

Name of person completing documentation (please print): ______________________

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