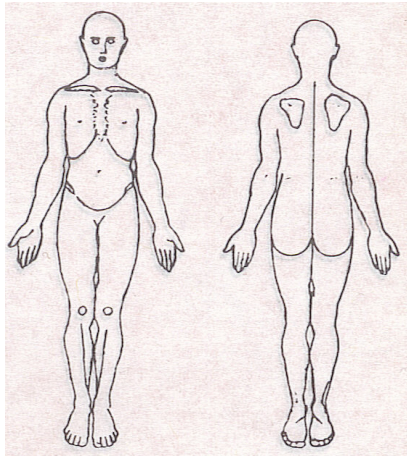


CSSA ACCIDENT REPORT FORM

Date	Time	Carnival & Venue		School
Surname		Given Name		Date of Birth
				Gender M F
Address			City	State
Postcode				
History of Accident / Injury				
Allergies			Medication	
Observations	Time	Time	Time	Assessment
Level of Consciousness				<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>Abrasion</p> <p>Burn</p> <p>Contusion</p> <p>Deformity</p> <p>Fracture</p> <p>Haemorrhage</p> <p>Laceration</p> <p>Pain</p> <p>Rigidity</p> <p>Swelling</p> <p>Tenderness</p> </div> <div style="flex: 2; text-align: center;">  </div> </div>
<i>Fully Conscious</i>				
<i>Drowsy</i>				
<i>Unconscious</i>				
Pulse				
<i>Rate</i>				
<i>Description</i>				
Breathing				
<i>Rate</i>				
<i>Description</i>				
Skin				
<i>Colour</i>				
Other Observations				
Assessment				
Treatment				
Follow Up / Referral		Comments		
<input type="checkbox"/>	Ambulance			
<input type="checkbox"/>	Medical Centre			
<input type="checkbox"/>	Own Doctor			
<input type="checkbox"/>	Other			
First Aider (Print):				
Signature:		Date:	Time:	1. Original to CSSA President 2. Copy to First Aider 3. Copy to Patient/Doctor/Ambulance

Please complete “**Accident Report Form**” within 24 hours of incident and email to the CSSA Executive Officer :
 Linda Heslehurst – Email Address : cssa@ozemail.com.au M : 0418 68 58 98