FIRST AID

FIRST AID

NAME OF CLUB ……Adult and/or Youth Division

TYPE OF EVENT ……..

DATE OF EVENT ……..

Please complete details of the first aid cover for the event:

Name: ……(e.g. St John's Ambulance)

Division: ……

In order to be covered for insurance purposes, all members of the First Aid crew on this duty must sign in the box below:

NAME	SIGNATURE