## **Request For Assistance**

Name of victir	n:		Age:			
		Phone: ()				
Date of incide	nt:	Time:				
Nature of med	lical prob	olem/sym	ptoms:			
	Yes					
Breathing:	Yes					
Heartbeat:		No				
Temperature:						
First aid given	1:					
evacuat	Send out map marked with route to follow, location of victim, evacuation sites, car key, coins for phones, and this form. Instructions For Party Going For Help					
			ity doing for help			
Location of ve	hicle:					
Where to drive	ə:					
Call 911 o	or Opera	ntor and a	sk for Sheriffs Departmen	nt.		
Rescue party	to:	_ Stay at	trailhead			
		•	to site of emergency			

## **Patient Record**

Questions for the first aid provider:

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Is the site safe? Is the victim safe from further injury? Is the person conscious? Is the person choking? Is the person breathing? Does the person have a heartbeat? Is there sever bleeding? Where?	Yes Yes Yes Yes Yes Yes Yes	No No No No No No				
Are there possible back or neck injuries? Are there broken bones? Where?	Yes Yes	No No				
Is the person in severe shock? Is there intense pain? Where?	Yes Yes	No No				
Does the person want assistance? Does the person need outside help? Does the person need/want evacuation? Initial condition:	Yes Yes Yes	No No No				
Changes in condition:						
Patient's name: Date and time of incident: Prepared by:						