2007 ONE DAY FIRST AID LOG

Every First Aider/Athletic Trainer must fill this out every camp, just as you would in the Training Room.

Camp Name _____ Session Dates _____

Varsity Brands Employee Name _____ Circle One: FA EMT LAT ATC Other _____

Date	Time	Participant Name	School / Team Name	Squad Type (JR/JV/VA/etc)	Injury / Illness	Treatment