

FIRST AID CONTENTS CHECKLIST (PORTABLE KIT CARRIED BY LEADERS)

PROPERTY ADDRESS DETAILS							
Name of Leader:							
Name of Unit:							
How many Girls in Unit:							
FIRST AID KIT CHECKLIST							
How Many?	Item Description	Checked		ked	Comments (Order Details)		

N.B. Checklist to be completed in accordance with kit requirements as recommended in your first aid training course.

(Please see following page)



FIRST AID CONTENTS CHECKLIST (PORTABLE KIT CARRIED BY LEADERS)

CHECKLIST AUTHORISATION	
First Aid Kit Checked By (Name)	
First Aid Kit Checked By (Signature)	
Date Checklist Completed:	
District Manager (Name)	
District Manager (Signature)	
Date:	