**FIRST AID KIT REGISTER**

**SITE:**

|  |  |  |  |  |  |  |
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| **Identify First Aid Room / Kit locations** | **Contents of First Aid Kit Checked (Record date & initial or attach form if using external provider)** | | | | | |
| January - June | Signature | Date | July - December | Signature | Date |
| E.g. First Aid Room |  |  |  |  |  |  |
| Classroom 1 |  |  |  |  |  |  |
| Staff room |  |  |  |  |  |  |
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