



MEDICAL TREATMENT FORM
Attachment 12 – Health & Safety Manual

Please return this form with physician's release that medical treatment was given and the medical issue is resolved.

NAME: _____ DATE: _____

PALADIN STAFF CONTACT PERSON: _____

REASON SENT HOME (SUSPECTED): _____

DATE SENT HOME: _____

ATTATCH PHYSICIAN'S RELEASE FORM

PATIENT WAS TREATED FOR: _____

PHYSICIAN NAME: _____ DATE: _____

TYPE OF INCIDENT: _____

WHAT FIRST AID TREATMENT WAS GIVEN AT FACILITY: _____

REASON: _____

PALADIN STAFF SIGNATURE

DATE