

clip board

TREATMENT LOG		VICTIM NAME	TRIAGE TAG #
TIME am/pm	Description of Injuries (continue on back if necessary)		Initials
_____	ARRIVED IN TREATMENT AREA FROM: S&R (CIRCLE ONE) TRIAGE WALK-IN		_____
TIME am/pm	Description of Treatment (continue on back if necessary)		Initials
	___ Victim released to Safe Area ___ Victim Sent to _____ via _____ condition: I D M		
<i>Save this page! This is a legal document and should be given to the Documentation Unit.</i>			