GIRL SCOUTS OF THE COMMONWEALTH OF VIRGINIA

Medical Professional First Aid Form

Submit form to the helpdesk by emailing the completed form to:

gshelper@comgirlscouts.org

Service Unit:_____ Troop #: _____

Name: _____

Read the difference between Level 1 and 2 carefully and check all boxes for which you are trained to respond.

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Basic Course Elements for Level 1

Length of Instruction: Minimum of eight hours of classroom instruction

- Procedures for exposure to blood borne pathogens
- Blisters
- Bleeding
- Breathing difficulties
- Burns
- Chocking
- Convulsion/seizures
- Diabetic emergencies
- Fainting
- Injuries to bones and joints (sprain, fracture, dislocation, care of head, neck, spine)
- Injuries to soft tissue (eye, nose, mouth, arm, leg, abdomen)
- Insect bites and stings, tick bites
- Pain, acute unexplained
- Poisoning
- Respiratory and heart resuscitation (adult and child)
- Shock
- Heat related emergencies (heat exhaustion, heat stroke, frostbite, hypothermia)

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Basic Course Elements for Level 2

Length of Instruction: Minimum of twenty hours of classroom instruction

In-depth instruction in topics listed for Level 1 and the following:

- ❖ Amputation (care when body part is severed)
- ❖ Contagious disease and childhood illnesses, symptoms
- ❖ Crushing injuries
- ❖ Food-borne illness
- ❖ Prevention techniques of vector borne diseases, as appropriate to area (Rabies, Rocky Mountain Spotted Fever, Lyme Disease)
- ❖ Respiratory and heart resuscitation (adult and child)
- ❖ Substance/chemical abuse, symptoms
- ❖ Emergency/rescue, use of stretcher, backboard, vehicle transfer; water accidents (ice rescue, non-swimming rescue where appropriate)

I qualify as the primary first aider because I have taken in-depth instruction in topics listed for the levels checked above; I am able to administer first aid in all areas identified above for the levels checked.

I, _____, having completed medical training equivalent to first aid certified training, on or about _____, am qualified to administer First Aid for the levels checked above.
(date)

I am serving as the troop/service unit's primary first aider for (**check one**):

- ❑ This activity. **(Attach to TrIp/Activity Form)**
- ❑ The October 1, _____ to September 30, _____ membership year. **(Submit with troop's registrations)**

_____ MD, DDS, RN, LPN, EMT (**circle your credentials**) _____

Signature Paramedic, PA, NP Date