



**Kingdom of Loachac
Chirurgeonate
Event Chirurgeonate Sign-in Sheet**



Event: _____ Date(s): _____
 Chirurgeon in Charge: _____ Legal Name: _____
 Contact address: _____
 Email: _____ Contact No: _____
 SCA Membership No: _____ Expiry date: _____
 First aid provider : _____ Expiry date: _____
 CPR provider : _____ Expiry date: _____

SCA Name: _____ Legal Name: _____
 SCA Group: _____ Member No: _____ Expiry date: _____
 Contact address: _____ Contact No: _____
 Email: _____
 First aid provider : _____ Expiry date: _____ CiC sighted
 CPR provider : _____ Expiry date: _____ CiC sighted
 Skill set: PBELS Apply First Aid Advanced First Aid First Responder EMR/EMT Paramedic Nurse Doctor
 Extra skills: Instructor Oxygen Pain Relief Defibrillation Asthma Anaphylaxis Water Rescue
 Please circle Rescue Fire Fighting High Angle Rescue Drug Administration

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