



NAME: _____ DATE: _____

First Aid

K C D G Q Y T E F A S C Z N G A
E G Q C P M M Y T L A U S A C N
E H K S X Q R J S Q I E J N Z Z
T I C V N G D L T C A E R Z G F
H G O P W G S C T N E D I C N I
N L H W H L I J V E J F S A I V
Z O S N O I S S E R P M O C D C
T V R E S C U E R R M N L N E H
S E M S H T A E R B E U C S E R
W S R F K C H R H W P K X M L L
N T R E A T M E N T L S O W B L
B T Y W M C J X I J K X S O I Q
Q Q Z K P J S Y M P T O M S S H
A I M R E H T O P Y H O J D M I
C K E O L E E P T Z G Q O Y Y L
C H O K I N G H Q J I H L B O W

BLEEDING
CASUALTY
CHOKING
COMPRESSIONS
GLOVES
HYPOTHERMIA
INCIDENT
PEEL
REACT
RESCUEBREATHS
RESCUER
SAFETY
SHOCK
SIGNS
SYMPTOMS
TREATMENT