## AED Site Information for Emergency Medical Services (EMS)

School District name:

School name:

School address:

AED program coordinator:

Telephone #: Fax #:

AED team members:

|  |  |  |
| --- | --- | --- |
| * NAME
 | * Class Room Number
 | * Ext and/or radio
 |
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|  |  |  |
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|  |  |  |
|  |  |  |

Type of AED: (i.e. Cardiac Science G3 Serial # 4116810)

1.

2.

3.

4.

5.

6.

7.

8.

Location:

1. School Hours:

 After School Hours:

2.

3.

4.

5.

6.

7.

8.

Local Fire Dept:

Date: