

DESIGNATED AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USERS

Compliance with AED Requirements

Name of employee _____ Date of training _____

Having completed the required AED training, I hereby confirm that I have read and understand the policies and procedures for use of automated external defibrillators (AED) for Latta School District. Should I have questions at any time while serving as an emergency responder I will contact the lead school nurse for clarification. I agree to follow the terms and guidelines set forth in the policy and procedures for this district.

Emergency responder signature

Date

Superintendent/Lead school nurse

Date