

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 Automatic External Defibrillators (AEDs) for the District.

Should I have questions at any time while serving as an Emergency Responder/Expected AED User, I shall contact the designated AED contact for clarification. I agree to follow the terms and guidelines set forth in policy and procedures for this District.

Emergency Responder/Expected AED User's Signature_____
Date_____
Superintendent/Designee's Signature_____
Date