

Any time the AED is retrieved and/or used, the AED must be returned to its original location after retrieval/use and the individual returning the AED must complete the necessary information below:

[illegible]

PS-042A (05.2019)



CERTIFICATION OF UNDERSTANDING AND AGREEMENT (AED)

To: Clinton Board of Education

From: _____

I, _____, hereby certify that I have completed the training provided by the Clinton Board of Education concerning the operation of an automatic external defibrillator and the use of cardiopulmonary resuscitation. I further certify that I have read, understand, and agree to comply with the Clinton Board of Education Policy Regarding Automatic External Defibrillators and the accompanying Administrative Regulation.

Sincerely,

AED certified person

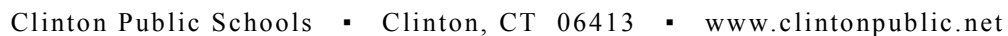
Date



AUTOMATIC EXTERNAL DEFIBRILLATOR SERVICE LOG

Date	Inspected and In-Service	Inspected and Out-of-Service	Signature of Nurse

Once per month or more often, the School Nurse will inspect the AED. If the AED is out-of-service or does not have the appropriate equipment, the School Nurse will contact the School Nurse Supervisor or designee immediately.



Name of person completing report			
Date report is being completed			Date of incident
Name of individual on whom AED was used			
Age of individual on whom AED was used			
Known status of individual	<input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian of Student <input type="checkbox"/> Other, Explain:		
Describe incident:			
List series of events from the beginning of the emergency until its conclusion:			

Signature of person completing form: