## AED Site Information for 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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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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:**