**Emergency First-Aid**

Staff Sign-Off

GMSD

The purpose of these emergency first-aid trainings are to bring awareness to some of the medical emergencies that could arise in the school setting. All GMSD staff should have a basic understanding of these health emergencies to better understand how to act if you find yourself in one of these situations.

**Please initial next to each statement after completing the trainings for emergency first-aid**

\_\_\_\_\_I have viewed the information, PowerPoint and short educational video on Anaphylaxis First-Aid care.

\_\_\_\_\_I have viewed the information, PowerPoint and short educational video on Asthma First-Aid care.

\_\_\_\_\_I have viewed the information, PowerPoint and short educational video on Diabetes First-Aid care.

\_\_\_\_\_I have viewed the information, PowerPoint and short educational video on Seizure First-Aid care.

\_\_\_\_\_I understand in the event of a medical emergency I should contact 9-1-1, the building Principal, and the School Nurse.

\_\_\_\_\_I understand that I can seek out additional trainings and information on any first-aid or emergency response care resources from my school’s nurse and/or Coordinated School Health.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educator Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educator Name (Print) School Building

