

AED Site Information for EMS



AED Emergency			
School district name			
School name			
School address			
AED program coordinator			
Telephone #		Fax #	

AED team members		
Name	Class Room Number	Ext and/or radio

Location:

- School Hours: _____
After School Hours: _____
- School Hours: _____
After School Hours: _____
- School Hours: _____
After School Hours: _____
- School Hours: _____
After School Hours: _____
- School Hours: _____
After School Hours: _____
- School Hours: _____
After School Hours: _____

Type of AED: (i.e. Cardiac Science G3 Serial # 4116810)

- _____
- _____
- _____
- _____
- _____
- _____

Local Fire Dept: _____

Date: _____

