

Exhibit

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) INCIDENT REPORT

Please complete all of the information to the best of your ability and forward it to the school nurse. The school physician will review the information.

School: _____ Location: _____

Name of Victim: _____ Age of Victim: _____

Date of Incident: _____ Time of Incident: _____

Victim's Known Medical History:

Check One:

- Student
- Board of Education Employee
- Other

Circumstances of how victim was found:

Who called "911":

Who used AED and how many shocks were delivered:

Time victim was placed in the care of Emergency Medical Services:

Victim transported to which hospital:

Family notified: _____ Yes _____ No If so, by whom: _____

Other information:

Signature of AED User: _____

Name (please print): _____