**CARDIAC EMERGENCY RESPONSE TEAM**

**\_\_\_\_\_\_\_\_ School Year**

**The following persons compose the Cardiac Emergency Response Team. All members shall have current CPR/AED training and are hereby designated to respond to and provide basic life support during a cardiac emergency. Those closest to the emergency shall be contacted first.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Team Member Name** | **CPR/AED Training Expiration**  | **LOCATION****Room Number** | **LOCATION #2****Alternate Location** | **During School Hours Phone/Extension** | **After-School Hours Phone/Extension** |
| Team Coordinator -  |       |  |  |            |       |
|           |       |  |  |       |       |
|       |       |  |  |       |       |
|       |       |  |  |        |       |
|        |       |  |  |       |       |
|       |       |  |  |       |       |
|       |       |  |  |       |       |
|       |       |  |  |       |       |
|       |       |  |  |       |       |
|       |       |  |  |       |       |

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

Principal Date

Note: Other students and staff not listed here may initiate a response and provide basic life support as needed if Team Members are not immediately available.