

**Broward County Public Schools
COORDINATED STUDENT HEALTH SERVICES
Marcia Bynoe, Director**

TELEPHONE: (754) 321-1575

FAX: (754) 321-1687

Return Receipt AED Protocol Packet

Before an Automated External Defibrillator (AED) unit will be released to your site, two people must be trained in using the unit. Please fill out this form with the names of the persons trained to use the AED unit at your site, including a copy of his/her AED Card, and **fax to John Mackey at 754-321-1687.**

Date: _____

Name of School or Site: _____
(PRINT CLEARLY)

Name of 1st Individual Trained: _____
(ATTACH COPY OF THE CARD)

Is this a retraining for this person? _____

Name of 2nd Individual Trained: _____
(ATTACH COPY OF THE CARD)

Is this a retraining for this person? _____

Does site already have and AED? If so, provide Serial Number _____

Name of Principal or Director: _____
(PRINT CLEARLY)

Signature of Principal or Director: _____

Name of Contact Person: _____

Phone Number of Contact Person: _____

The principal or director's signature serves as an acknowledgment that their school or facility has an AED protocol packet.

If you have any questions, please contact
Gail Adams at Coordinated Student Health Services 754-321-1579