

OPT-OUT FORM

**CARDIOPULMONARY RESUSCITATION (CPR)/
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) INSTRUCTION**

Date: _____ Student Name: _____

School: _____

Beginning with the 2017-1018 school year, all students in public schools will receive instruction in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED) at least once between ninth and 12th grades, as required by Ronald Rouse’s Law (S.C. Code Ann. § 59-32-30).

As required by the Act, the instruction CPR/AED provided will be based upon curriculum developed by the American Heart Association, the American Red Cross, or an instructional program that is nationally recognized and based on the most current national evidence-based emergency cardiovascular care guidelines for CPR and awareness in the use of AED.

*******WHO***** will provide instruction on *****DATE***** through *****HOW*****
(mechanism for delivering instruction, i.e. Health or Physical Education class).**

If you desire for your child to “opt out” of the CPR instruction provided by the district, it must be documented in writing and will be kept on file by the district.

By signing this, I state that I have read the above statement and understand that I am opting my student out of the CPR/AED instruction provided by the district.

Parent/Legal Guardian Signature

Date