

Waterville Central School District

SUPERINTENDENT'S REGULATION

SUPPORT OPERATIONS

5100.2

AUTOMATIC EXTERNAL DEFIBRILLATION (AED)

Collaborative Agreement pursuant to Public Health Law §3000-b
Between the Waterville Central School District and David Petrie, MD

Dear _____ :

When signed by you and the Superintendent of Schools below, this letter will constitute our agreement with respect to the matters set forth below. We agree as follows:

As you know, our school district, in connection with its proposed Public Access Defibrillation ("PAD") Program, is required by law to have a "collaborative agreement" with an "emergency health care provider" (which we will refer to as "Medical Director"), as those terms are used in Section 3000-b of the Public Health Law and Section 917 of the New York State Education Law.

The Waterville Central School District believes that its proposed PAD Program is an extremely important service to provide to its staff, students, and visitors and is pleased that you have expressed an interest in serving as the Medical Director for the PAD Program.

Annexed hereto, and incorporated into this agreement by this reference, are the written practice protocols, policies, and procedures that will govern the Waterville Central School District's proposed PAD Program.

You have represented to the District that you have knowledge and experience in the delivery of emergency cardiac care, and that you will participate in the regional quality improvement program pursuant to Subdivision 1 of Section 3004-a of the Public Health Law, and will otherwise satisfy your obligations as the Medical Director under relevant provisions of the Public Health Law.

The Waterville Central School District hereby retains you, and you agree to be retained by the District, as the Medical Director for the PAD Program. Either party may terminate this agreement at any time, upon thirty (30) days' prior written notice; provided however, that the District may terminate the Agreement immediately in the event that you cease to qualify for any reason as the Medical Director under applicable laws, rules and regulations.

Kindly acknowledge your understanding of and agreement to the foregoing by signing the space provided below.

We greatly appreciate your assistance.

Sincerely,

Superintendent

Acknowledged and agreed to by:

_____, MD

License #

Approved by the Superintendent: 12/08/15