CARDIAC EMERGENCY RESPONSE TEAM

School Site _____

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/Supervisor Date

UPDATED 2020-06-17