MANHASSET PUBLIC SCHOOLS
Excellence Through Effort

Jenny Carcana
Director of Facilities

AED & CARDIAC EMERGENCY RESPONSE ACKNOWLEDGMENT

(Required for All Outside Organizations Using District Facilities)

Organization Information

Organization Name: _____

Event Name: _____

Facility/School: _____

School Year of Use: _____

Primary Contact: _____

Phone: _____ **Email:** _____

Cardiac Emergency Response Acknowledgment

As a condition of using District facilities, our organization acknowledges and agrees to comply with all applicable New York State requirements regarding Cardiac Emergency Response.

IMPORTANT: The District provides Automated External Defibrillators (AEDs) on all facilities at multiple locations listed on page 2.

By signing below, the organization affirms that:

☐ The organization is aware of and will utilize the AED locations provided by the District during this event.

☐ For STRENUOUS activities: At least one individual trained in CPR and AED use will be present for the entire duration of the activity, unless otherwise approved by District.

☐ For NON-STRENUOUS activities: At least one coordinator will be aware of AED locations and emergency procedures.

☐ The organization will follow established emergency response procedures, including immediate activation of 911 and coordination with District personnel in the event of a cardiac emergency. The organization accepts responsibility for ensuring that all participants, volunteers, and staff understand these requirements.

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CPR/AED Certified Personnel

(Required for Strenuous Activities Only)

If your event is NON-STRENUOUS, you may skip this section.

Please list all individuals from your organization who are currently trained in CPR and AED use and who will be present during the event:

Name	**Certification (CPR/AED)**	**Expiration Date**

AED Locations

Secondary School:

- *Lobby of Gym Hallway*
- *HS Gym*
- *Athletic Trainer's Office (2)*
- *MS Main Office Lobby*
- *HS Main Entrance Lobby*
- *HS Science Wing (room 145, stairwell 6 area)*
- *MS Social Worker Office area (room 246,*
- *Room 066 area (SS Basement)*
- *HS Cafeteria*

Shelter Rock:

- *Outside Room 57*
- *Outside Band Room*
- *Primary Gym*

Munsey Park:

- *Outside the Cafeteria*
- *Outside Room 203*
- *Outside Room 224*
- *Outside Room 103*
- *Kindergarten Wing*
- *Auditorium Vestibule*

The organization acknowledges that it has reviewed the District's **AED Location List**, which accompanies this form.

☐ Yes

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Certification

I certify that the information provided above is accurate and that our organization agrees to comply with all District Cardiac Emergency Response requirements.

Date: _____

Title: _____

Organization: _____

Printed Name: _____

Signature: _____

Please upload to Group page or email your completed form to Kathleen_Crawford@ManhassetSchools.org