

CARDIAC EMERGENCY RESPONSE TEAM

_____ 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

Date

Note: Other students and staff not listed here may initiate a response and provide basic life support as needed if Team Members are not immediately available.