



FORM 154-1	
Adopted	January 16, 2013
Last Revised	October 2021
Review Date	October 2026

**AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)
EMERGENCY TREATMENT FORM**

PHOTO	Student Name:		
	Classroom Teacher:		
	PARENT EMERGENCY CONTACTS: (prioritize calls 1-2-3)		
	Parent:	(H)	(W)
	Parent:	(H)	(W)
	Other:	(H)	(W)

Signs and Symptoms: Trembling, dizziness, fainting, palpitations of the heart, blurred vision, extreme tiredness/paleness

Other, please specify: _____

Steps when using an automated electronic defibrillator:

1. _____
2. _____
3. _____
4. _____
5. _____

DO NOT LEAVE THE STUDENT ALONE

If the student is unconscious: Roll the student on his/her side
 Call school office
 School office will call 911
 Assess vitals; if necessary trained staff will begin CPR
 Retrieve Automated electronic Device
 Inform Parents or Guardians

Document Management	Retention
Original: Principal	Current year
Classroom teacher	