

_____ SCHOOL



YEAR _____

Personnel Certified in First Aid and CPR

Location of First Aid Supplies: Health Room

Location of AED(S): _____

NAME	LOCATION	EXT.	EXP. DATE
NAME	LOCATION	EXT.	EXP. DATE
NAME	LOCATION	EXT.	EXP. DATE
NAME	LOCATION	EXT.	EXP. DATE
NAME	LOCATION	EXT.	EXP. DATE
NAME	LOCATION	EXT.	EXP. DATE
NAME	LOCATION	EXT.	EXP. DATE
NAME	LOCATION	EXT.	EXP. DATE
NAME	LOCATION	EXT.	EXP. DATE

SCHOOL PHONE #:

EMERGENCY RESCUE PHONE NUMBER:
911
POISON CONTROL CENTER:
1-800-222-1222

SCHOOL ADDRESS:

To be posted in the: Main Office, Health Room, Gym/Multipurpose Room, Cafeteria, Staff Lounge