

PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: August 19, 2013

REVISED:

822-AR-2. AUTOMATED EXTERNAL DEFIBRILLATOR INCIDENT REPORT

School: _____

Name of person completing report: _____

Date report is being completed: _____ Date/Time of Incident: _____

Name of AED operator: _____

Name of patient on which AED was applied: _____ Age: _____

Known status of patient

- Student
- Parent of Student
- Other, explain _____

Describe incident: _____

List series of events from the start of the emergency until its conclusion: _____

Problems/Concerns that arose during the incident that need to be addressed: _____

Responding EMS Unit: _____

Medical facility patient transported to: _____

Your Signature: _____

Please forward to the Superintendent of Schools no later than forty-eight (48) hours after the incident.