**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.**

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| --- | --- | --- | --- | --- | --- |
| **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 - |  |  |  |  |  |
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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.