

_____ 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

#:

EMERGENCY RESCUE PHONE NUMBER:

9-1-1

POISON CONTROL CENTER:

1-800-222-1222

SCHOOL ADDRESS:

To be posted in the: school office, health room, gymnasium, cafeteria, home economics classroom, industrial arts classroom, staff lounge, and other areas that post an increased potential for injuries