

SAU #7

**Policy Attachment: JLCEA - 1
Automatic Defibrillator Event Summary**

Name & Title of Person Completing this Report:	
Date Report Completed:	
Type of Event:	<input type="checkbox"/> AED brought to scene of emergency but not applied to victim <input type="checkbox"/> AED was applied to victim
Victim was:	<input type="checkbox"/> a student <input type="checkbox"/> staff member <input type="checkbox"/> visitor <input type="checkbox"/> unknown
AED was activated:	
<input type="checkbox"/> during regular school hours <input type="checkbox"/> outside of regular school hours during a school sponsored practice, game or event <input type="checkbox"/> outside of regular school hours during a non-school sponsored event	
AED was activated by:	
<input type="checkbox"/> School Nurse <input type="checkbox"/> School staff or coach: _____ <input type="checkbox"/> Other: _____	
Name of Victim (if known):	DOB:
Date and time event began:	Time EMS activated:
The school nurse <input type="checkbox"/> was <input type="checkbox"/> was not in the building at the time of the event An administrator <input type="checkbox"/> was <input type="checkbox"/> was not in the building at the time of the event	
Describe events in chronological order:	
Information for this report was obtained from the following individuals/agencies:	
School Nurse:	Date:
School Administrator:	Date:
School Health Coordinator:	Date:

Please attach all applicable documentation (i.e., nursing notes, incident reports, etc) to this form.
A copy of this form must be forwarded to the SAU #7 Superintendent's Office.