

Franklin County Schools Response Report

Name of individual: _____ School: _____

Student? _____ Yes _____ No FCS Employee? _____ Yes _____ No

Address: _____ Phone: _____

Date: _____ Time: _____ Location: _____

Nature and cause: _____

Reason the AED was used: _____

Outcome after using AED: _____

Responding EMS unit and names of EMS assistance team: _____

AED equipment used: _____

Indicate if AED equipment was replaced: _____ Yes _____ No

Name of others involved in response, if applicable: _____

Witnesses: _____

Describe the first aid that was administered: _____

Name of hospital where individual was transported: _____

Remarks: _____

Signature of AED user

Signature of an EMS team member

Signature of School Nurse

Signature of Principal