STAFFORD PUBLIC SCHOOLS

CERTIFICATION OF COMPLIANCE WITH AED

POLICIES AND PROCEDURES*

I, have a Defibrillation Program Policy and Administrative regulations. I have have had my questions answered. If at any available in the Stafford Public Schools, I designee for clarification. I agree to follow administrative regulations.	istrative Regulations. ad an opportunity to a time, while function have a concern or a concern o	ask questions regarding the program and ang as an AED Provider using the AEDs question, I will ask the school nurse or
AED Provider Signature	Date	_
School Nurse	Date	
Superintendent of Schools	Date	
*To be filled out yearly.		