

STAFFORD PUBLIC SCHOOLS
AUTOMATIC EXTERNAL DEFIBRILLATOR
INCIDENT REPORT

Name of person completing report: _____

Date report is being completed: _____ Date of Incident: _____

Name of patient on which AED was applied: _____ Age _____

Known status of patient

Student

Parent of Student

Other, explain _____

Describe incident:

List series of events from the start of the emergency until its conclusion:

Your Signature: _____

Please forward to the Superintendent of Schools no later than 48 hours after the incident.