

STAFFORD PUBLIC SCHOOLS

Stafford Springs, Connecticut

State of Connecticut

Department of Public Health

Office of Emergency Medical Service

(860) 509-7975

Registry # _____

PSAP # _____

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) REGISTRY FORM

(Required by Public Act 98-62 – Please print or type – **Use one form per AED**)

Name of Owner _____

Mailing Address _____

Name of Contact Person _____

Telephone # _____ Fax # _____

AED Manufacturer _____ Model _____ Serial # _____

Name of Prescribing Physician _____

If AED is situated at a fixed location, please include town, street address, building name or number and floor location. Note: Be as specific as possible.

If AED will not be in a fixed location, please describe how and where it will be deployed:

Mail completed form to: State of Connecticut

Department of Public Health

OEMS – AED REGISTRY

410 Capitol Avenue MS #12-EMS

P.O. Box 340308

Hartford, CT 06134-0308