

**HADDONFIELD SCHOOL DISTRICT
AED Incident Report**

Complete all the information to the best of your ability and give to the school nurse who will forward it to the school physician.

Name of Victim: _____ Location: _____

Date of Incident: _____

Time of Incident: _____

Approximate Age of Victim: _____

Victim's Known Medical History: _____

Check One: Haddonfield Student
 Haddonfield Board of Education Employee
 Other

Circumstances of how victim was found: _____

Who called "911": _____

Who used AED and how many shocks were delivered: _____

Approximate time victim was placed in care of Emergency Medical Services: _____

Victim transported to which hospital: _____

Family notified: Yes No If so, by whom: _____

Other Information: _____

Signature of AED User: _____

Name (Please Print): _____

Date Form Completed: _____

Corrective Actions Required/Completed:

Date	Details

Initials: _____ Signature: _____ Initials: _____ Signature: _____
Initials: _____ Signature: _____ Initials: _____ Signature: _____