**CARDIAC EMERGENCY RESPONSE TEAM ROSTER**

**\_\_\_\_\_\_\_\_ School Year**

The following persons compose the Cardiac Emergency Response Team. All members shall have current CPR/AED training and are hereby designated to respond to and provide basic life support during a cardiac emergency. Those closest to the emergency shall be contacted first.

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| **Team Member Name** | **CPR/AED Training Expiration**  | **LOCATION****Room Number** | **LOCATION #2****Alternate Location** | **During School Hours Phone/Extension** | **After-School Hours Phone/Extension** |
| Team Coordinator -  |       |  |  |            |       |
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Principal Date

Note: Other students and staff not listed here may initiate a response and provide basic life support as needed if Team Members are not immediately available.