

Jump Start Your Heart

Registration Form

Name of Education Facility: _____

Physical Address: _____

Mailing Address: _____

Parish: _____ Phone: _____

Principal, Chancellor, President Information

Name: _____ Phone: _____

Email address: _____

Program Lead Contact (if different from above)

Name: _____ Phone: _____

Email address: _____

Emergency Response Plan (attach a copy):

- Activation of the team in response to a sudden cardiac arrest
- Implementation of AED placement and routine maintenance within the school
- Ongoing staff training in CPR and AED use
- Practice drills
- Integration with local EMS
- Annual review and evaluation of the plan

AED Information (attach additional list of needed)

Make of AED	Model of AED	Serial Number of AED	Location on premises	Last date of maintenance	Battery Expiration Date

AED Pad Information (number of pads must meet or exceed the number of AEDs listed)

Make of AED Pad	Adult/Pediatric Pads	Expiration of AED Pad

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Emergency Response Team Information (attach additional list if needed)

Team Member #1		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date
Team Member #2		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date
Team Member #3		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date
Team Member #4		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date
Team Member #5		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date
Team Member #6		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date
Team Member #7		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date
Team Member #8		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date

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Team Member #9		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date
Team Member #8		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date
Team Member #9		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date
Team Member #10		
Name	Email	Phone #
Issuer of CPR/AED credential		Expiration date