

INTENT TO PURCHASE AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

School: _____

AED

Manufacturer: _____ Model: _____

Accessories: _____

STAFF TRAINING

DOH Approved Training Course: American Heart Association (AHA)
 American Red Cross

Number of staff on Defibrillator Response Team (DRT): _____

INITIAL PROPOSED COSTS

| | Amount | | Amount |
|--------------------------|----------|-----------------------|----------|
| AED (w/case, pads) | \$ _____ | Wall mount alarm case | \$ _____ |
| DOH approved training | \$ _____ | Other | \$ _____ |
| Staff training (4-6 hrs) | \$ _____ | Total | \$ _____ |

FUTURE ANNUAL COSTS

| | |
|---|----------|
| Equipment Maintenance (e.g., extra battery, replacement pads) | \$ _____ |
| Staff Training (Recommended annual review/Required renewal every 2 years) | \$ _____ |
| Other (specify): _____ | \$ _____ |
| Total | \$ _____ |

Budget Code: _____

Principal/Site Administrator Signature Date

Forward to office of Director of Student Services

District Approval of AED Purchase

Date received at office of Director of Student Services _____

Date reviewed by Lead School Nurse _____

Additional information needed: _____

Purchase Approved Medical Authorization Enclosed

Director of Student Services Signature Date

Retain this form in building's AED file.