

Peninsula School District

**DOCUMENTATION OF EMPLOYEE TRAINING FOR  
DEFIBRILLATION RESPONSE TEAM (DRT)**

\_\_\_\_\_ successfully completed training to participate as a  
Employee

member of the DRT at \_\_\_\_\_ on \_\_\_\_\_ .  
School/Location Date of Training

\_\_\_\_\_  
Principal/Site Administrator Signature

\_\_\_\_\_  
Date

**This form is to be forwarded to Human Resources and placed in the employee's personnel file.**