

APPENDIX II

**MERIDEN PUBLIC SCHOOLS
AUTOMATIC EXTERNAL DEFIBRILLATOR
INCIDENT REPORT**

Name of person completing report: _____

Date Report is being completed:_____ Date of Incident:_____

Name of patient on which AED was applied:_____

Age:_____

Known status of Patient:

_____ Student

_____ Parent of Student

_____ Other, Explain _____

Describe incident:

List series of events from the state of the emergency until its conclusion:

Your Signature: _____

Please forward to the School Nurse Supervisor no later than 48 hours after the incident.

December 15, 2015