

COLUMBUS 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 start of the emergency until its conclusion: _____

Your Signature: _____

Please forward to the Superintendent of Schools no later than forty-eight (48) hours after the incident.