



FORM 154-2	
Adopted	January 16, 2013
Last Revised	October 2021
Review Date	October 2026

DIRECTION – USE OF AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

I hereby authorize and instruct any _____ (School Name) staff member to use an automated electronic defibrillator on my son/daughter, _____ (Name), who was born on _____ (D.O.B.) for the purpose of providing an emergency response to a perceived life-threatening occurrence that may result from a pre-diagnosed medical condition.

In such an event, my signature shall be your good and sufficient authority to use an automated electronic defibrillator, and I shall not hold the staff member responsible for performing the procedure, the Hastings and Prince Edward District School Board, or any of its school personnel liable for any action whatsoever which may arise out of the said emergency response, either at this given time, or at any given time in the future.

Dated at _____ this _____ day of _____, 201_

Witness

Parent/Legal Guardian

Document Management
Original: Principal
 Classroom Teacher

Retention
Current year