

CPR/FIRST AID CERTIFIED PERSONNEL

NAME _____ LOCATION
IN SCHOOL _____ CPR EXPIRATION DATE _____

NAME _____ LOCATION
IN SCHOOL _____ CPR EXPIRATION DATE _____

NAME _____ LOCATION
IN SCHOOL _____ CPR EXPIRATION DATE _____

NAME _____ LOCATION
IN SCHOOL _____ CPR EXPIRATION DATE _____

NAME _____ LOCATION
IN SCHOOL _____ CPR EXPIRATION DATE _____

THIS LIST MUST BE POSTED IN AN ACCESSIBLE CENTRAL LOCATION AT ALL TIMES