

School CPR/First Aid Certification Verification

2020-21 School Year

School Name _____

I verify that the following staff members have a current CPR/First Aid certification and that a list of their names will be located in convenient locations for emergency purposes. Three (3) current certified staff members are required for each school building.

Employee Name	CPR/First Aid Certification Date	Certification Expiration Date

I do not have sufficient employees currently CPR/First Aid certified in my school building and the following employees will be completing the online CPR/First Aid/AED certification with accompanying skills checks.

Employee Name	Month in which they will complete online training/skills check.

Administrator Signature

Date

Please complete the above form and return to Nursing Services (Nadine Page) by

November 16, 2020