

CARDIAC EMERGENCY RESPONSE TEAM
Health Services Department
Lincoln Public Schools

_____ School Year For _____ School

The following persons compose the Cardiac Emergency Response Team.

Team Member Name	CPR/AED Training Expiration	LOCATION Room Number	LOCATION #2 Alternate Location	During School Hours Phone/Extension
Team Coordinator -				

Principal

Date

Note: Other students and staff not listed here may initiate a response and provide basic life support as needed if Team Members are not immediately available.