



MEDICAL AUTHORIZATION TO PURCHASE AUTOMATED EXTERNAL DEFIBRILLATOR

This authorization permits (print you or your company name) to purchase (fill in number) AED Units, Brand of AED: under the following terms and conditions:

Client’s Responsibilities. Client shall be responsible for assigning staff with training in their hometown or each facility by a qualified CPR and AED Training company OR have CPR and Sports Medicine Services, LLC set up part of the AED program Every facility that purchases and houses an aed needs to have an AED Coordinator. This AED Coordinator is needed to insure compliance with local and national protocols and regulations including notifying EMS that you have an AED and that people are certified in both CPR and AED at the facility where the aed is located. Compliance with local and national protocols and regulations is the sole responsibility of the coordinator. (State Legislation is at http://cpr.heart.org/AHA/ECC/CPRAandECC/Programs/AEDImplementation/UCM_473198_AED-Implementation.jsp. By signing this form, the coordinator agrees they are following these laws.) The following AED protocol is for use by your ERT (Emergency Response Team) or AED Team. Although Good Samaritan Regulations provide significant civil protection to individuals utilizing an AED; you need to set up your own AED program and medical direction under a physician’s orders.

TRAINING PROGRAM INFORMATION:

Client agrees that all personnel authorized to use the AED will be trained utilizing a training program that conforms to **nationally recognized standards** for CPR and AED, and that meets state requirements for AED training.

YOU MUST indicate with an X in the box the organization you will use or have used to certify you/your company in CPR and AED training:

- American Heart Association
- American Red Cross
- American Safety and Health Institute
- Other CPR organization name

AED Coordinator’s Name (person in charge of maintaining the aed:)

Client or main company address:

(Your company / business / home)

(street)

(city) (state)

(zip)

Phone Number



E-mail

Physician Approval: A doctor/physician must sign off for your aed prescription. CPR Florida will provide this for you. This is needed for your brand of AED.

(Type in the words "I understand" to the left in the box).

MEDICAL AUTHORIZATION TO PURCHASE AUTOMATED EXTERNAL DEFIBRILLATOR- By printing and signing below, I hereby attest that I have set up medical authorization and have medical direction guiding us in the aed set-up and emergency plan use. I will make sure the aed is checked weekly or at least once a month and that the aed itself it doing its own self test (unit will blink green, show green or say "ok" on screen. I understand that a defibrillator is a medical device and will be treated as such.

X
AED.)

(Type in the person's name in charge of the AED and/or purchaser of the

- Write in the date to the box in the left.

Please check off how you paid for your aed.

Credit card

Check

Thank you.

***Please fill in and scan to us or submit to us at info@cprflorida.net**

CPR and Sports Medicine Services, LLC

Phone: 888-388-9250

Websites : www.cprflorida.net and www.aedoffice.com

e-mail: info@cprflorida.net