

WINCHESTER PUBLIC SCHOOLS  
WINSTED, CONNECTICUT

**CERTIFICATION OF COMPLIANCE**  
**WITH**  
**AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)**  
**POLICIES AND PROCEDURES**

I, \_\_\_\_\_ HAVE READ THE WINCHESTER PUBLIC  
(PRINTED NAME)  
SCHOOLS AUTOMATIC EXTERNAL DEFIBRILLATION (AED) PROGRAM POLICY AND  
ADMINISTRATIVE REGULATIONS.

I AM AWARE OF ITS CONTENTS AND I AM COMFORTABLE WITH THE PROCEDURES.

I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS REGARDING THE PROGRAM AND HAVE HAD  
MY QUESTIONS ANSWERED.

IF, AT ANY TIME WHILE FUNCTIONING AS AN AED PROVIDER USING THE AEDS AVAILABLE IN  
THE WINCHESTER PUBLIC SCHOOLS, I HAVE A CONCERN OR A QUESTION, I WILL ASK  
THE SUPERINTENDENT OF SCHOOLS OR DESIGNEE FOR CLARIFICATION.

I AGREE TO FOLLOW THE TERMS AND CONDITIONS SET FORTH IN THE POLICY AND  
ADMINISTRATIVE REGULATIONS.

\_\_\_\_\_  
AED PROVIDER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL NURSE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERINTENDENT OF SCHOOLS SIGNATURE

\_\_\_\_\_  
DATE