



AED Authorization Prescription for Use

Date: _____

I authorize employees of

_____ located at
(Company Name)

_____ to use the onsite AED.
(Company Address)

As part of this authorization, the Company agrees to the following:

- ✓ Provide proof of CPR/AED training by a certified instructor
- ✓ Provide serial number of AED
- ✓ Agrees to send Medical Director tapes, or other electronic media, when available, on each use of the AED (regardless of outcome)
- ✓ Notify EMS or 9-1-1 agency of AED placement
- ✓ Maintain the AED in accordance with Manufacturer's instructions

Company Contact (Print)

Physician (Print)

Company Contact (Signature)

Physician (Signature)