

American Red Cross

Lay Responder First Aid and CPR/AED Activity Report Addendum

Name of Instructor													Page of			
Name of Co-Instructor													Start Date:		End Date:	
Components	First Aid	Adult CPR	Adult AED	Child CPR	Child AED	Infant CPR	Oxygen Administration	PDT/Bloodborne Pathogens	Epi-Auto Injector	Asthma Inhaler	Injury Control Module	NAME	MAILING ADDRESS	PHONE	E-MAIL ADDRESS AND STUDENT ID	INSTRUCTOR COMMENTS
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												FIRST	CITY, STATE, ZIP			
												TOTAL ENROLLED (Add each column)	Use additional pages for more participants.			
												TOTAL PASSED (Add each column)				