American Red Cross

Lay Responder First Aid and CPR/AED Activity Report Addendum

Name of	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	PDTBloodborne Pathodens:			Iniury Control Module	NAME	MAILING ADDRESS	PHONE	E-MAIL ADDRESS AND STUDENT ID	INSTRUCTOR COMMENTS
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