

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	Bloodborne Pathogens: PDT	Epi-Auto Injector	Asthma Inhaler	Injury Control Module	NAME	MAILING ADDRESS	PHONE	E-MAIL ADDRESS AND STUDENT ID	INSTRUCTOR COMMENTS		
																	ENROLLED	GRADE
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												FIRST	CITY, STATE, ZIP					
												TOTAL ENROLLED (Add each column)		Use additional pages for more participants.				
												TOTAL PASSED (Add each column)						