



Drew's Heart
FOUNDATION

AED Application

DREWSHEART.COM

I am a: Public or Private Entity Organization Individual (only fill out appropriate fields)

Application Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Street Address: _____ Apt / Suite: _____

City: _____ State: _____ Zip Code: _____ **Proposed # of AEDs:** _____

How did you hear about Drew's Heart?

Agency/Institution Information

Entity Name: _____ Affiliation: City County State None

Safety Manager Name: _____ Phone: _____

Email: _____ # of Staff: _____ Year Established: _____

Estimate the total number of...

People your organization serves daily: _____ Buildings/Offices of your business: _____ Employees: _____

1. Does your agency/institution currently own an Automated External Defibrillator? Yes No
If yes, how many: _____
2. Does your agency/institution currently have an Emergency Medical System activation protocol for Sudden Cardiac Arrest (SCA) emergencies occurring at your locations? Yes No
If no, will you add AEDs to the protocol? Yes No
3. Would your agency be interested in CPR & AED training that could be performed at your facility? Yes No
4. Will your agency/institution obtain a physician's prescription for use of any/all AEDs purchased? Yes No
5. Will your agency/institution provide for medical oversight of its EMS/AED program/protocol? Yes No
6. Will your agency notify local EMS of AED(s) placement? Yes No
7. Will your agency/institution provide local EMS with all save / save attempt data? Yes No

Agency/ Institution Contact Signature

Date

Application Submission (Mail): 36 Morrow Ave, Lockport, NY 14094