

**American Heart Association Emergency Cardiovascular Care Program
Heartsaver Pediatric First Aid and
Family and Friends First Aid for Children
Course Roster**

Course Information

☐ **Heartsaver Pediatric First Aid Course:**

This course included the Heartsaver Pediatric First Aid components:

- ☐ Pediatric First Aid
- ☐ Asthma Care Training for Childcare Providers
- ☐ Optional Pediatric First Aid Topics
- ☐ Adult / Child CPR with Mask
- ☐ Adult / Child AED
- ☐ Infant CPR with Mask

☐ **Family and Friends First Aid for Children Program**

Lead Instructor_____

Status: ☐ BLS Instr. ☐ HS Instr. ☐ BLS TCF/RF

Status Renewal Date: _____

Training Center_____

Site Name_____

Course Start Date/Time_____	Course End Date/Time_____	Total hours of Instruction _____
# of Cards Issued_____	Student/Manikin Ratio_____	Issue Date of cards_____

<i>Assisting Instructors / Specialty Faculty (Attach copy of instructor card for instructors aligned with other than primary TC)</i>					
<i>Name</i>	<i>Instr. card</i>	<i>Exp. Date</i>	<i>Name</i>	<i>Instr. card</i>	<i>Exp. Date</i>
1.			5.		
2.			6.		
3.			7.		
4.			8.		

I verify that this information is accurate and truthful, and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Lead Instructor

Date

DATE _____ COURSE _____ INSTRUCTOR _____

Course Participants

<i>NAME</i> <i>Please PRINT as you wish your name to appear on your card.</i>	<i>Address</i>	<i>Telephone</i>	<i>Complete/ Incomplete</i>	<i>Remediation/ Date Completed</i>
1.				
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