Heartsaver Pediatric First Aid CPR AED Course Roster

Emergency Cardiovascular Care Programs



Topics Covered				
Heartsaver Pediatric First Aid CPF Babysitter Water Safety Exam		Lead Instructor ID# & Exp. Date Lead Instructor Email Lead Instructor Phone Number Training Center & ID# University of Rochester Medical Center NY04387 Training Site & ID# Course Location Address City, State ZIP		
Course Start Date	Course End Date		Total Hours of Instruction	on
Course Start Time	Course End Time		Student-Manikin Ratio	
Assisting Instructors				
Name and Instructor ID#	Card Exp. Date	Name and Instructor	ID#	Card Exp. Date
1.		5.		
2.		6.		
3.		7.		
4.		8.		
I verify that this information is accurate and truth	nful and that it may be	confirmed. This course v	vas taught in accordance w	rith AHA guidelines.
Signature of Lead Instructor		Date		

Course Participants

Date _____

Heartsaver Pediatric First Aid CPR AED Course Roster



Lead Instr. ID# _____

Heartsaver Pediatric First Aid CPR AED Babysitter Water Safety

Exam

Name and Email Please PRINT as you wish your name to appear on your card. Please print email address legibly.	Mailing Address/Telephone	Complete/ Incomplete	Test Score (if applicable)
1.			
2.			
3.			
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5.			
6.			
7.			
8.			
9.			
10.			

Lead Instructor _____

Course **Participants**

Date _____

Heartsaver Pediatric First Aid CPR AED Course Roster



Heartsaver Pediatric First Aid CPR AED Babysitter Water Safety Lead Instructor _____ Lead Instr. ID# _____

Exam

Name and Email Please PRINT as you wish your name to appear on your card. Please print email address legibly.	Mailing Address/Telephone	Complete/ Incomplete	Test Score (if applicable)
11.			
12.			
13.			
14.			
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16.			
17.			
18.			
19			
20.			

Course **Participants**

Date _____

Heartsaver Pediatric First Aid CPR AED Course Roster



Lead Instr. ID# _____

Heartsaver Pediatric First Aid CPR AED Babysitter Water Safety

Date .	Exam	Lead Instructor	Lead Instr. ID#	
	Name and Email Please PRINT as you wish your name to appear on your card. Please print email address legibly.	Mailing Address/Telephone	Complete/ Incomplete	Test Score (if applicable)
21.				
22.				
23.				
24.		_		
25.		-		
26.				
27.				
28.				
29.				
30.				

Lead Instructor _____

Heartsaver Pathways Optional Topics Checklist

Pediatric

BabysitterWater Safety

• Heartsaver Pediatric

Adult

HeartsaverOffice

Educator



Instructors: Please complete the checklist below for participants who take the optional topics for the following course paths:

Check Table 4 in your instructor manual to determine whether the topics below are optional for each participant's course path. After completing this checklist, you will also need to select these topics for each participant's certificate. You may want to prepare and print your certificates before class.

CP	R AED	Fir	st Aid Injury Emergencies (continued)
	How to Help an Adult With a Drug Overdose Emergency (Adult)		Amputation
	Drug Overdose (Pediatric)		Internal Bleeding
	Water Safety/Drowning		Concussions
Fir	st Aid Medical Emergencies		Head, Neck, and Spine Injuries
	Breathing Problems (Asthma) (Adult)		Broken Bones and Sprains
	Choking in an Adult, a Child, or an Infant (Adult)		Splinting
	Fainting		Burns and Electrical Injuries
	Diabetes and Low Blood Sugar		Bites and Stings
	Seizure		Heat-Related Emergencies
Fir	st Aid Injury Emergencies		Cold-Related Emergencies
	Shock		Poison Emergencies
	Bleeding From the Nose	Fir	st Aid Prevention
	Bleeding From the Mouth		Risks of Smoking and Vaping
	Tooth Injuries		Benefits of a Healthy Lifestyle
	Eye Injuries		Preventing Illness and Injury
	Penetrating and Puncturing Injuries		