

Kansas City First Aid

AED/DEFIBRILLATOR MEDICAL AUTHORIZATION

The Food & Drug Administration considers defibrillators to be prescription devices pursuant to 21 CFR 801.109 and medical authorization is required. Most states provide immunity from civil liability to the physician prescribing an AED. State legislation can be accessed through your state's website, medical board or on <http://www.aedhelp.com>.

This serves as Medical Authorization for Automated External Defibrillator(s) ("AED(s)") as indicated below

1. Recipient of the AED Medical Authorization [check appropriate box (es)]:

- Individual/Patient
 Business
 Single Location
 Multiple locations

2. Name of recipient of AED(s): _____

3. Address for each location at which an AED will be located:

Location Name: _____

Street: _____

City/State/Zip: _____

Phone number: _____

Contact/Title: _____

Location Name: _____

Street: _____

City/State/Zip: _____

Phone number: _____

Contact/Title: _____

If more locations are provided for under this Medical Authorization, please attach a separate piece of paper listing the required contact information for each location.

List any restrictions to this Medical Authorization, if applicable: _____

Authorizing Physician: [please print]

Name: _____

Street: _____

City/State/Zip: _____

Phone number: _____ Fax Number: _____

Physician's Signature: _____ Date: _____

Please Return Form To: Kansas City First Aid, 10502 England, Overland Park, KS 66212-5551 via U.S. mail, or email to gmartin@kcfirstaid.com.