

Event Summary Form



At the conclusion of a cardiac emergency, the Athlete/Activities Administrator should provide the lead responder with a copy of the event summary form. The lead responder should complete and return the form to the administration.

Location of event:

Date of event:

Time of event:

Victim's name:

Was the event witnessed or non-witnessed? Witnessed Non-Witnessed

Name of trained rescuer(s):

Was 9-1-1 called? Yes No

If yes, name of 9-1-1 caller:

Were there signs of life at assessment? Yes No

Was CPR started before the AED arrived? Yes No

If yes, name(s) of CPR rescuer(s):

Were shocks administered? Yes No Total number of shocks:

Did victim regain a pulse? Yes No

Did victim resume breathing? Yes No

Did victim regain consciousness? Yes No

Was victim transported by the EMS? Yes No

If no, please explain:

Any problems encountered:

Did the EMS encounter any problems accessing the venue? Yes No

If yes, please explain:

Additional comments:

Name of person completing form: