

**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 _____        |

**Assisting Instructors / Specialty Faculty** *(Attach copy of instructor card for instructors aligned with other than primary TC)*

| Name | Instr. card | Exp. Date | Name | Instr. card | Exp. Date |
|------|-------------|-----------|------|-------------|-----------|
| 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><br><i>Please PRINT as you wish your name to appear on your card.</i> | <i>Address</i> | <i>Telephone</i> | <i>Complete/<br/>Incomplete</i> | <i>Remediation/<br/>Date Completed</i> |
|--|----------------|------------------|---------------------------------|--|
| 1.   |                |                  |                                 |  |
| 2.   |                |                  |                                 |  |
| 3.   |                |                  |                                 |  |
| 4.   |                |                  |                                 |  |
| 5.   |                |                  |                                 |  |
| 6.   |                |                  |                                 |  |
| 7.   |                |                  |                                 |  |
| 8.   |                |                  |                                 |  |
| 9.   |                |                  |                                 |  |
| 10.  |                |                  |                                 |  |