LIFESAVING SOCIETY

Emergency First Aid/AED - Early Childhood (8 hours)

☐ Certification ☐ Recertification

Please print clearly each candidate's information

		General						Rescucitation						Medical			Trauma					Childhood		
	Date of birth	1- Standard first aid principles	2- Legal aspects of an intervention	5- Communications with the EMS	6- Anatomy and physiology	7- Prehospital assessment	8- Primary assesment	10- Chain of Survival™	11a- CPR - Adult, child and infant	12- Airway obstruction - Conscious- Adult, child and infant	13- Airway obstruction - Unconscious - Adult, child and infant	14- Rescue breathing complications	15 & 16- AED / 1 or 2 rescuer(s)	17- Shock / fainting	19a- Cardiovasculary emergencies	19b- Breathing emergencies	20a - Problems due to the cold	20b - Problems due to the heat	21 - Bleeding	23b - Soft tissue injuries	23d - Facial wounds	24c - Early childhood prevention	24d - early childhood intervention	**Results**
Name / First name Member # Gender M F Address City Postal code Phone E-mail	Y M D																							
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√ Satisfactory performance **F** Fail **Total Fail** ______ **Total Pass** ______

Instructor information	**Course information**
Name / First name	Started on (dd/mm/yy) Ended on (dd/mm/yy)
Member #	Course location
E-mail	Affiliate affiliate #
Signature	☐ Exam fees attached ☐ Exam fees not attached, send invoice

Return completed test sheet to Lifesaving Society Branch office promptly after the course (max. 2 weeks). **Retain one copy for your records** Do not send cash by mail

☐ Check box if there are more candidates on other page

This test sheet is page ____ **of** ____