



**Damani Gibson Foundation In partnership with the TTCCA**  
**Portable AED APPLICATION**

1. School Name \_\_\_\_\_ UIL / TAPPS Division \_\_\_\_\_ Other \_\_\_\_\_
2. Your name \_\_\_\_\_ Athletic Coordinator's name \_\_\_\_\_
3. Number of students attending your school? \_\_\_\_\_
4. Sport/s Coached: Track / Cross Country / both
5. Number of students on your team/s? \_\_\_\_\_
6. Do your boy and girl's teams practice at the same time? \_\_\_\_\_
7. How many AEDs does your school currently have? \_\_\_\_\_
8. Does your athletic department have any Portable AED's? \_\_\_\_\_ How many? \_\_\_\_\_
9. Are you willing to conduct a 30-minute SCA / CPR awareness session with your team? \_\_\_\_\_
10. Have you completed a Team Emergency Drill for the 2019-20 season? \_\_\_\_\_
11. Where do you plan to keep the AED at practices and competitions? \_\_\_\_\_
12. Have you ever had an athlete experience Sudden Cardiac Arrest? \_\_\_\_\_
13. If yes, did they survive? \_\_\_\_\_
14. Does any athlete on your team have a heart condition noted on their physical or 504 plan?
15. Any other information you would like us to know in consideration of your application?