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**Damani Gibson Foundation In partnership with the TTFCA**

**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?