

San Jacinto County First Responders, Inc.
PO Box 1023, Coldspring, Texas 77331
sjcfresponders@gmail.com



AED Agreement

I, _____ accept the following AED Serial # _____ to be used per San Jacinto County First Responders, Inc. protocols.

In the event of my termination or resignation I agree to return all San Jacinto County First Responders, Inc., equipment assigned to me as a first out responder. This is to include the assigned AED in this agreement.

I understand that failure to do so will cause San Jacinto County First Responders, Inc. to notify Texas Department of State Health Services and San Jacinto County Sheriff's Office who will take administrative action on behalf of San Jacinto County First Responders, Inc.

Print Name: _____

Signature: _____

Date: _____

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To be filled out by a SJC First Responder Officer

Signature: _____

Title: _____

Date: _____