



LIFESAVING SOCIETY®
The Lifeguarding Experts

Standard First Aid with CPR-C

Permanent cards are mailed directly to successful candidates.
Please ensure addresses are legible and complete.

Emergency First Aid items	One rescuer CPR - child & infant	Obstructed airway: conscious child	Obstructed airway: conscious infant	Obstructed airway: unconscious child & infant	Two rescuer CPR - adult, child & infant	Soft tissue injury	Facial injury	Burns	Abdominal & chest injury	Bone & joint injury	Head & spinal injury	Environmental emergency: heat & cold illness	Seizure	Poisoning	Diabetic emergency	Assists & land carries	Critical incident response management
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		Date of Birth	1-17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	Result
1 Name Address City Postal code Phone E-mail	Year																				
	Month	Prerequisites:																			
	Day	Recert: <input type="checkbox"/> SFA										Date Earned: _____					Agency: _____				
		or <input type="checkbox"/> AEC										Date Earned: _____					Location: _____				
2 Name Address City Postal code Phone E-mail	Year																				
	Month	Prerequisites:																			
	Day	Recert: <input type="checkbox"/> SFA										Date Earned: _____					Agency: _____				
		or <input type="checkbox"/> AEC										Date Earned: _____					Location: _____				
3 Name Address City Postal code Phone E-mail	Year																				
	Month	Prerequisites:																			
	Day	Recert: <input type="checkbox"/> SFA										Date Earned: _____					Agency: _____				
		or <input type="checkbox"/> AEC										Date Earned: _____					Location: _____				
4 Name Address City Postal code Phone E-mail	Year																				
	Month	Prerequisites:																			
	Day	Recert: <input type="checkbox"/> SFA										Date Earned: _____					Agency: _____				
		or <input type="checkbox"/> AEC										Date Earned: _____					Location: _____				
5 Name Address City Postal code Phone E-mail	Year																				
	Month	Prerequisites:																			
	Day	Recert: <input type="checkbox"/> SFA										Date Earned: _____					Agency: _____				
		or <input type="checkbox"/> AEC										Date Earned: _____					Location: _____				
6 Name Address City Postal code Phone E-mail	Year																				
	Month	Prerequisites:																			
	Day	Recert: <input type="checkbox"/> SFA										Date Earned: _____					Agency: _____				
		or <input type="checkbox"/> AEC										Date Earned: _____					Location: _____				

Check box if there are more candidates on reverse side or attached. This test sheet is page ____ of ____ pages.

Satisfactory Performance F - Fail Total Pass Total Fail

Instructor information		Course information		Course is:	
Instructor's name _____ ID # _____		Completion date _____		<input type="checkbox"/> Original or <input type="checkbox"/> Recert	
E-mail address _____		Course location _____		Phone _____	
Signature _____ Phone _____		Payment information		Program fees <input type="checkbox"/> Attached <input type="checkbox"/> Invoice	
		Purchase order # _____			
		Affiliate name _____		Phone _____	

Return completed test sheet to the Lifesaving Society Branch Office promptly after the course. **Retain copies for your records.** Do not send cash by mail.



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		Date of Birth	1 - 17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	Result		
7	Name	Year																					
	Address		Prerequisites:																				
	City Postal code			Recert: <input type="checkbox"/> SFA	Date earned: _____										Agency: _____								
	Phone			or <input type="checkbox"/> AEC	Date earned: _____										Location: _____								
8	Name	Year																					
	Address		Prerequisites:																				
	City Postal code			Recert: <input type="checkbox"/> SFA	Date earned: _____										Agency: _____								
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9	Name	Year																					
	Address		Prerequisites:																				
	City Postal code			Recert: <input type="checkbox"/> SFA	Date earned: _____										Agency: _____								
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10	Name	Year																					
	Address		Prerequisites:																				
	City Postal code			Recert: <input type="checkbox"/> SFA	Date earned: _____										Agency: _____								
	Phone			or <input type="checkbox"/> AEC	Date earned: _____										Location: _____								
11	Name	Year																					
	Address		Prerequisites:																				
	City Postal code			Recert: <input type="checkbox"/> SFA	Date earned: _____										Agency: _____								
	Phone			or <input type="checkbox"/> AEC	Date earned: _____										Location: _____								
12	Name	Year																					
	Address		Prerequisites:																				
	City Postal code			Recert: <input type="checkbox"/> SFA	Date earned: _____										Agency: _____								
	Phone			or <input type="checkbox"/> AEC	Date earned: _____										Location: _____								

This test sheet is page ____ of ____ pages.

Satisfactory Performance F - Fail

Total Pass	<input type="text"/>	Total Fail	<input type="text"/>
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Instructor information

Instructor's name _____ ID # _____

Signature _____

Course information

Completion date _____

Course location _____ Phone _____

Payment information

Program fees Attached Invoice

Purchase order # _____

Affiliate name _____ Phone _____

Course is:
 Original or Recert