

BLEEDING CONTROL KIT ASSIGNMENT LETTER

_____, 20____

EMS Agency / Hospital

The East Texas Gulf Coast Regional Trauma Advisory Council is proud to provide you with the _____ bleeding control kits that your member organization requested. This letter shall serve as a mutual agreement between our organizations that these kits have been assigned to your organization for distribution.

Number

By a representative signing the acknowledgement form below, your organization verifies that you received the number of bleeding control kits described above. Additionally, you attest that each kit will either be physically attached to, or placed within the cabinet housing of, each AED by members of your organization.

Further, your organization attests that it will provide the bleeding control training to at least a majority of the employees within each school campus where an AED/bleeding control kit is located. If your organization is unable to provide the training directly, the organization will, at a minimum, verify, that the required training has been completed for a majority of the employees within each school campus where an AED/bleeding control kit is located.

In turn, the East Texas Gulf Coast Regional Trauma Advisory Council agrees to provide the bleeding control kits described in the paragraphs above at no cost to either your member organization or the school district to which they are distributed.

Sincerely,

Dave Ferguson
Treasurer

Acknowledged By

Member Organization

Date