

SCHOOL DISTRICT OF JEFFERSON  
JEFFERSON, WISCONSIN

## FACILITY USE PERMIT

Name of Organization Requesting Use: \_\_\_\_\_

Type of Organization, Describe: \_\_\_\_\_

Individual Making Request: (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Telephone) \_\_\_\_\_

(E-mail Address) \_\_\_\_\_

School Employee Responsible: (if applicable) \_\_\_\_\_

Facility Requested: \_\_\_\_\_

Type of Activity Planned: \_\_\_\_\_

Approximate Number of Participants: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Finish: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Finish: \_\_\_\_\_

***(If you are requesting more than two dates, please attach a separate list.)***

Are there any members in your group certified in CPR? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any members in your group certified in AED? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please refer to the Automatic External Defibrillator information contained on the reverse side of this form.

### **REQUESTER MUST READ AND SIGN**

The undersigned applicant has received a copy of School Board Policy 7510 (Use of District Facilities) and its accompanying guidelines and agrees to abide by all rules and regulations adopted by the Board governing the use of school facilities and to see that the same are carried out and obeyed by others, said rules and regulations being made a part and portion hereof by reference: to indemnify and to forever save harmless the School Board and its officers, agents and employees from any and all claims arising out of the use of any of the school facilities of the School District of Jefferson, 206 S. Taft Avenue, Jefferson, Wisconsin.

I understand that charges for the use of school facilities and supervisory personnel may be assessed by the district according to policy and I agree to pay such charges.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

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### OFFICE USE ONLY

PRINCIPAL APPROVAL					OR	Facility Available: Yes <input type="checkbox"/> No <input type="checkbox"/>				
The applicant qualifies for free use and will not require kitchen worker, custodian or insurance coverage. Facility is available on date(s) requested.						Principal's Signature: _____				
						<b>DISTRICT OFFICE APPROVAL</b>				
Rental Fee: _____						_____				
Kitchen Worker: _____						Yes <input type="checkbox"/> No <input type="checkbox"/>				
Custodian: _____						Yes <input type="checkbox"/> No <input type="checkbox"/>				
Insurance Required: _____						Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b><i>Certificate of Insurance or binder must be submitted prior to approval of request.</i></b>										
Director of Business Services: _____						_____				
Approved: _____						Yes <input type="checkbox"/> No <input type="checkbox"/>				
Date: _____						_____				
Billing Date: _____					Paid Date: _____					

<b>PRINCIPAL APPROVAL</b>				
The applicant qualifies for free use and will not require kitchen worker, custodian or insurance coverage. Facility is available on date(s) requested.				
Principal:				
Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Date:				

### DISTRIBUTION OF COPIES AFTER APPROVAL:

\_\_\_\_ Principal    \_\_\_\_ District Office    \_\_\_\_ Custodian    \_\_\_\_ Maintenance    \_\_\_\_ Kitchen    \_\_\_\_ Applicant    \_\_\_\_ Auditorium Manager

**12/14/24**

## AUTOMATIC EXTERNAL DEFIBRILLATOR AVAILABILITY NOTICE

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**TO:** Individuals/groups using the School District of Jefferson's Facilities  
**FROM:** School District of Jefferson Nurse

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The School District of Jefferson is committed to providing students, guests, and employees with a safe learning and working environment. We have joined a community effort to implement a Public Access Defibrillation program in our facilities. We have trained staff available during regular school hours, however, trained staff **MAY NOT** be available to assist you in the event of an emergency outside regular school hours.

Automatic External Defibrillators (AED) are currently housed in the following locations:

<b>High School:</b>	Outside the entrance to Gym #1 / Commons Area Outside the entrances to the auditorium restrooms South hall across from Room 155.
<b>Middle School:</b>	In the hallway between the gym and the main office
<b>East Elementary:</b>	Inside the main entrance
<b>West Elementary:</b>	In the hallway outside the custodian's workroom – Room 29
<b>Sullivan Elementary:</b>	Outside the main office

If possible, a building map will be provided to all facility users showing the exact location(s) of the AED(s). Please familiarize yourself with the above-noted location(s) of the AED(s).

In the event of a cardiac emergency, call 9-1-1, begin CPR (Hands only CPR: push hard and fast in the center of the chest about 100 times/minute), and retrieve and use the nearest AED. A second rescuer should direct EMS to the scene. Continue supporting the victim until the local EMS arrives and takes over care.

If the AED is used, please contact the school nurse office at (920) 675-1094 so that we can replace any materials used in the resuscitation effort.

We encourage all groups to have CPR and AED trained members at school use events. It could be the difference between life and death. For information on classes scheduled in your area, please call the Fort HealthCare Education Department at (920) 568-5244 or the American Heart Association at (800) 242-8721.

8/13/18