

Opt Out Form
Cardiopulmonary Resuscitation (CPR) Instruction

Date: _____

Student Name: _____

Beginning with the 2015-2016 school year, all students in public schools shall receive instruction in cardiopulmonary resuscitation (CPR) at least once between ninth grade and graduation, as required by the *Dustin Rhodes and Lindsey Steed CPR Training Act* (70 O.S. § 1210.199).

As required by the Act, instruction in CPR shall be based upon an instructional program which is nationally recognized and evidence-based. School districts may use emergency medical technicians, paramedics, police officers, firefighters, teachers, other school employees, or other similarly qualified individuals or organizations to provide the instruction.

_____ will provide instruction on _____ through
(LEA name) (date)

(Identify LEA mechanism for delivering instruction. For example, Biology or Health class)

If a parent/guardian desires for his or her student to “Opt Out” of the CPR instruction provided by the school district it must be documented in writing with parent/guardian signature and should be kept on file by the student’s school district.

By signing this, I state that I have read the above statement and understand that I am opting my student out of the CPR instruction provided by the school district.

Parent/Legal Guardian

Date