

*Module 4: Safe Living and Emergency Response*

HEALTH COURSE CHALLENGE WAIVER

**ADULT CPR and/or FIRST AID CARD**

Student Name \_\_\_\_\_ High School \_\_\_\_\_

Card Expiration Date \_\_\_\_\_ Waiver Year \_\_\_\_\_

Provide a valid CPR and/or First Aid card from either:

- Red Cross
- Medic First
- American Heart Association