

Pediatric First Aid Training Confirmation

Dear [Participant's Name],

We are pleased to confirm your registration for the Pediatric First Aid Training scheduled for:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Location]
- **Duration:** [Insert Duration]

This course will cover essential topics including:

- Basic Life Support (BLS) for Children
- Choking Relief Techniques
- Common Illnesses and Injuries
- Emergency Action Plans

Please arrive 15 minutes early to allow time for check-in. Bring a pen and notepad for notes.

If you have any questions, feel free to contact us at [Insert Contact Information].

We look forward to seeing you there!

Sincerely,

[Your Organization Name]

[Your Organization Contact Information]