

# SUDDEN CARDIAC ARREST RELEASE TO PARTICIPATE FORM FOR PARENTS

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## (SECTION ONE: Completed by School Personnel)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Grade: \_\_\_\_\_ Coach/Leader: \_\_\_\_\_

### Sudden Cardiac Arrest (SCA) Warning Signs Exhibited by Student (circle all that apply):

- Fainting or Passing Out
- Difficulty Breathing
- Chest Pains
- Dizziness
- Abnormal Racing Heart Rate
- Other (please list): \_\_\_\_\_

Time Symptoms Noticed: \_\_\_\_\_ Time Parent Notified: \_\_\_\_\_

Parent Contacted (check appropriate response):

- \_\_\_\_\_ Verbal permission given for student to return to participation  
\_\_\_\_\_ Verbal permission not given, student did not return to participation  
\_\_\_\_\_ Unable to contact parent, message left for parent, student did not return to participation

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## (SECTION TWO: Completed by Parent)

Per Indiana Code 20-34-8, a student who has experienced any of the warning signs of SCA must be removed from practice or play, the parent must be notified, and the student may not return to participation until verbal permission has been received from the parent. Within twenty-four hours, verbal parent permission must be replaced with written clearance. The student may not return to play or participation until the student's coach or marching band leader has received written clearance for the student to return to participation from the parent of the student.

I, as the parent of the above student, acknowledge that I have received a fact sheet from the coach or marching band leader regarding the nature and warning signs of sudden cardiac arrest, the risk associated with continuing to play or practice after experiencing one or more symptoms of sudden cardiac arrest, and information about ECG testing. I have been informed of the warning signs of sudden cardiac arrest that were exhibited by my child. **I understand that the recommendation of the school would be for my child to be assessed by a health care professional before returning to play.**

I, as the parent of the above student, give my permission for this student to return to practice or play.

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(Signature of Parent)

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(Date)