

## SUDDEN CARDIAC ARREST RELEASE TO PLAY FORM FOR PARENTS

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**(SECTION ONE: Completed by School Personnel)**

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

Sport's Team: \_\_\_\_\_ Grade: \_\_\_\_\_ Name of Coach: \_\_\_\_\_

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

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out
- Other (please list): \_\_\_\_\_

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

Parent/Guardian Notified by (circle one): Talking in Person   Talking by Phone   Left Phone Message

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**(SECTION TWO: Completed by Parent/Guardian)**

Per Indiana Code 20-34-8, a student athlete who is suspected of exhibiting symptoms of sudden cardiac arrest may not return to play until the student's coach has received written clearance to return to play from the parent/guardian of the student athlete.

I have received information from the coach regarding the signs and symptoms 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/guardian of the above student, give my permission for this student to return to play.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)