

SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT AND SIGNATURE FORM  
FOR PARENTS AND STUDENTS

Student's Name (Please Print): \_\_\_\_\_

Activity Participating In (Current and Potential): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

IC 20-34-8 requires schools to distribute information sheets to inform and educate students and their parents on the nature and risk of sudden cardiac arrest (SCA) to students, including the risks of continuing to participate in physical activities while experiencing warning signs of SCA. These sheets must also include information about electrocardiogram testing, including the potential risks and benefits of testing.

The law requires that each year, before beginning participation in a physical activity, applicable students and their parents must be given the information sheet, and both must sign and return a form acknowledging receipt of the information to the student's coach or band leader. Applicable students include students participating in:

- An athletic contest or competition between or among schools
- Competitive and noncompetitive cheerleading that is sponsored by or associated with a school
- Marching band.

IC 20-34-8 states that a student who is suspected of experiencing symptoms of SCA shall be removed from the activity and may not return to the activity until the coach or band leader has received verbal permission from a parent for the student to resume participation. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent.

Parent - please read the SCA Fact Sheet for Parents and ensure that your child has also received and read the SCA Fact Sheet for Students. After reading these fact sheets, please ensure that you and your child sign this form and have your child return this form to his/her coach or band leader.

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I, as a student participating in an athletic contest, cheerleading, or marching band, have received and read the SCA Fact Sheet for Students. I understand the warning signs of SCA, including the risks of continuing to participate if I am experiencing any of these warning signs.

\_\_\_\_\_  
(Signature of Student Athlete)

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

I, as the parent of the above-named student, have received and read the SCA Fact Sheet for Parents. I understand the nature and risk of SCA, including the risks of continuing to participate after experiencing warning signs of SCA.

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

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