Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?
Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn’t just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student’s SCA will likely result from an inherited condition, while an adult’s SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart’s electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?
SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 youth die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?
Although SCA happens unexpectedly, some people may have signs or symptoms, such as:
- fainting or seizures during exercise;
- extreme fatigue;
- unexplained shortness of breath;
- chest pain;
- dizziness;
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?
There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

The Sudden Cardiac Arrest Prevention Act (the Act)
The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:
- All youth athletes and their parents or guardians must read and sign this form. It must be returned before participation in any athletic activity. A new form must be signed each year.

Removal from play/return to play
- Any youth athlete who shows signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Athlete
Print Athlete's Name
Date
Signature of Parent/Guardian
Print Parent/Guardian’s Name
Date

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be signed and returned to school or community youth athletic activity prior to participation in practices or play.

Student-Athlete Name: ________________________________________________________

Parent/Legal Guardian Name(s): ____________________________________________________________________________________________

After reading the information sheet, I am aware of the following information:

<table>
<thead>
<tr>
<th>Student-Athlete Initialed</th>
<th>Parent/Legal Guardian Initialed</th>
</tr>
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<tbody>
<tr>
<td>A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.</td>
<td>____________________________</td>
</tr>
<tr>
<td>A concussion cannot be &quot;seen.&quot; Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.</td>
<td>____________________________</td>
</tr>
<tr>
<td>I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.</td>
<td>N/A</td>
</tr>
<tr>
<td>I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.</td>
<td>N/A</td>
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<tr>
<td>I will have written permission from a health care provider to return to play or practice after a concussion.</td>
<td>____________________________</td>
</tr>
<tr>
<td>Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.</td>
<td>____________________________</td>
</tr>
<tr>
<td>After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.</td>
<td>____________________________</td>
</tr>
<tr>
<td>After a concussion, the brain needs time to heal. I understand that my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.</td>
<td>____________________________</td>
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<tr>
<td>Sometimes repeat concussion can cause serious and long-lasting problems and even death.</td>
<td>____________________________</td>
</tr>
<tr>
<td>I have read the concussion symptoms on the Concussion Information Sheet.</td>
<td>____________________________</td>
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</tbody>
</table>

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete
Date

Signature of Parent/Legal Guardian
Date