

CONCUSSION AND SUDDEN CARDIAC ARREST INFORMATION AND SIGNATURE FORM
PARENTS/GUARDIANS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

School Year: 2020-21 Grade: 6 7 8 9 10 11 12 Please Circle: M or F Sport _____

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after these incidents.

The law requires that each year, before beginning practice for an interscholastic or intramural sport, a high school student athlete and the student athlete's parent/guardian must read an information sheet, and sign and return a form acknowledging receipt of the information to the coach or Athletic Department.

IC 20-34-7 further states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries and not less than twenty-four (24) hours have passed since the student athlete was removed from play.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four (24) hours, this verbal permission must be replaced by a written statement from the parents or guardian.

Parents/Guardians: Please read the attached "Heads Up – Concussion in High School Sports – A Fact Sheet for Parents" and "Sudden Cardiac Arrest (SCA) Fact Sheet for Parents"

Students: Please read the attached "Heads Up – Concussion in High School Sports – A Fact Sheet for Athletes" and "Sudden Cardiac Arrest (SCA) Fact Sheet for Student Athletes".

After reading these fact sheets, **please sign below and return this form to the Athletic Department.**

I am a student athlete participating in the above mentioned sport. I have received and read "**Heads Up – Concussion in High School Sports – A Fact Sheet for Athletes**" and "**Sudden Cardiac Arrest (SCA) Fact Sheet for Student Athletes**". I understand the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after a concussion, head injury or with symptoms of a sudden cardiac arrest.

Signature of Student Athlete

Date

I, as the parent or legal guardian of the above named student, have received and read "**Heads Up – Concussion in High School Sports – A Fact Sheet for Parents**" and "**Sudden Cardiac Arrest (SCA) Fact Sheet for Parents**". I understand the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after a concussion, head injury or with symptoms of a sudden cardiac arrest.

Signature of Parent or Guardian

Date

Return this form to the Athletic Department with the physical exam.