

CONCUSSION and SUDDEN CARDIAC ARREST FORM

I, _____, of the following school of the Aquinas Catholic Schools, _____
Student-Athlete Name

hereby acknowledge having received education about the signs, symptoms, and risks of sport-related concussions and sudden cardiac arrest during youth athletic activities, as well as information about electrocardiogram testing. I acknowledge my responsibility to report to my coaches, parents/legal guardians any signs or symptoms of a concussion. I also understand that I should stop activity if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and parent(s)/guardian(s).

Student-Athlete Signature

Date

We, the parents/legal guardians, of the student-athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport-related concussions, sudden cardiac arrest during youth athletic activities, and information about electrocardiogram testing. We have also read the information regarding sudden cardiac arrest and understand that the above-named student-athlete should stop activity-exercise immediately upon the occurrence of any warning signs of cardiac arrest. We understand that it is recommended that the student-athlete have a medical examination completed before returning to participation in athletics, and that in the medical examination, any family history of heart problems or warning signs of sudden cardiac arrest should be reported to the medical provider conducting the examination.

Parents/Legal Guardians Signatures

Date

