

SCHOOL DOCUMENTATION OF SUDDEN CARDIAC ARREST SYMPTOMS

Student Name: _____ Date: _____

Sport's Team: _____ Grade: _____ Location: _____

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): _____

EMERGENCY SIGNS – Call EMS (911) Immediately:

- *If an athlete collapses or faints suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

Time Symptoms Noticed: _____ Time Parent/Guardian Notified: _____

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

Name of School Personnel that Notified Parent/Guardian: _____

Brief Description of Conversation with Parent: _____

Actions Taken by School Personnel (check all that apply):

- _____ Student athlete removed from play
- _____ 911 call initiated if emergency symptoms observed
- _____ Parent/Guardian notified of student's symptoms and current condition
- _____ Parent notified that student may not return to play until the release form is signed and returned to school
- _____ Student athlete monitored until released directly to parent or designated person with parent permission
Name of staff member responsible for monitoring student: _____
Student released to: _____
- _____ Release to Play Form given to (circle one): Student Parent

(Name of Person Completing Report)

(Date)