



## Health and Wellness Services

1200 South Barr Street • Fort Wayne, IN 46802 • Phone: 260.467.1080 • Fax: 260.467.2862

# Concussion and Sudden Cardiac Arrest Acknowledgement & Signature Form

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

Sport Participating In: \_\_\_\_\_ Date: \_\_\_\_\_

**IC 20-34-7 and IC 20-34-8** "Student Athletes: Concussions, Head Injuries, and Sudden Cardiac Arrest" requires schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury, and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

**IC 20-34-7** 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 parent of guardian.

Parent/Guardian - please read the attached "Heads Up – Concussion in High School Sports – A Fact Sheet for

Parents" and sudden cardiac arrest fact sheet and ensure that your student athlete has also received and read

"Heads Up – Concussion in High School Sports – A Fact Sheet for Athletes" and the sudden cardiac arrest fact sheet. After reading these fact sheets, please sign below and ensure that your student athlete also signs the form. Once signed, have your student athlete return this form to his/her coach.



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As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

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(Signature of Student Athlete)

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(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

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(Signature of Parent or Guardian)

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(Date)