

SUDDEN CARDIAC ARREST RELEASE TO PLAY FORM FOR ATC/Physician

(SECTION ONE: Completed by School Personnel)

Student Name: _____ Date: _____

Sport's Team: _____ Grade: _____ Name of Coach: _____

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): _____

Time Symptoms Noticed: _____ Time ATC/Physician Notified: _____

ATC/Physician Notified by (circle one): Talking in Person Talking by Phone Left Phone Message
Noticed the signs first

(SECTION TWO: Completed by ATC/Physician)

Per Indiana Code 20-34-8 sec 4. This chapter does not require information to be provided to or consent to be received from the parent or legal guardian of a student athlete if the student athlete is:

- (1) At least (18) years of age; or
- (2) An emancipated minor.

I have received information from the coach/ATC regarding the signs and symptoms of sudden cardiac arrest that were exhibited by an athlete.

I, as the ATC/Physician of the above athlete, give my permission for this athlete to return to play.

(Signature of ATC/Physician)

(Date)

January 2015