

(INSERT SCHOOL LETTERHEAD)

## SCHOOL DOCUMENTATION OF SUDDEN CARDIAC ARREST SYMPTOMS

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Grade: \_\_\_\_\_ Location: \_\_\_\_\_

### Sudden Cardiac Arrest Warning Signs Exhibited by Student (circle all that apply):

- Fainting
- Difficulty Breathing
- Chest Discomfort or Pain
- Dizziness
- Abnormal Racing Heart Rate
- Other (please list): \_\_\_\_\_

### EMERGENCY SIGNS – Call EMS (911) Immediately:

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

Time Symptoms Noticed: \_\_\_\_\_ Time Parent Notified: \_\_\_\_\_

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

Name of School Personnel that Notified Parent: \_\_\_\_\_

Brief Description of Conversation with Parent: \_\_\_\_\_

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

- \_\_\_\_\_ Student removed from practice or play.
- \_\_\_\_\_ 911 call initiated if emergency symptoms observed.
- \_\_\_\_\_ Parent notified of student's symptoms and current condition.
- \_\_\_\_\_ Parent gave verbal permission for student to return to practice or play.
- \_\_\_\_\_ Parent notified that verbal permission to return to practice or play must be replaced with written permission within twenty-four hours.
- \_\_\_\_\_ If permission not given by parent for student to return to practice or play, student monitored until released directly to parent or parent designated person.  
Name of staff member responsible for monitoring student: \_\_\_\_\_  
Student released to: \_\_\_\_\_
- \_\_\_\_\_ Release to Participate Form given to (circle one): Student    Parent

\_\_\_\_\_  
(Name of Person Completing Report)

\_\_\_\_\_  
(Date)