CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR STUDENT ATHLETES

Student Athlete’s Name (Please Print): _____________________________________________________

Sport Participating In (If Known): _______________________________ Date: ____________________

IC 20-34-7 and IC 20-34-8 require 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. These
laws require 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 student 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.

IC 21-18-13 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 an athletic trainer or physician to return to play. Within twenty-four hours, this verbal
permission must be replaced by a written statement from the athletic trainer or physician.

Student athlete - please read the attached fact sheets regarding concussion and sudden cardiac arrest
and ensure that you have also received and read these fact sheets. After reading these fact sheets,
please ensure that you sign this form, and return this form to your athletic trainer.

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.

____________________________________________________________ ___________________
(Signature of Student Athlete)                                                   (Date)