

YOUR ORGANIZATION NAME Sudden Cardiac Arrest Fact Sheet for Parents

Dear Members,

Under the provisions of [California Legislature Assembly Bill No. 379](#), youth sports organizations are required to provide a Sudden Cardiac Arrest information sheet to each athlete on a yearly basis. The information sheet shall be signed and returned by the athlete and, if the athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian, and if the athlete is under 6 years of age, just the parent or guardian, before the athlete initiates practice or competition.

On a yearly basis, the youth sports organization shall offer Sudden Cardiac Arrest prevention education, or related educational materials to each coach, administrator, referee, umpire or any other game official of the youth sports organization.

Each coach, administrator, referee, umpire or other game official shall successfully complete sudden cardiac arrest prevention education offered at least once, either online or in person, before supervising an athlete in an activity of the youth sports organization.

The following fact sheet for youth sports provides information to help protect your children and teens from heart conditions that can cause Sudden Cardiac Arrest.

ATTACH PARENT FACT SHEET

YOUR ORGANIZATION NAME Sudden Cardiac Arrest Signature Sheet for Parents

YOUR ORGANIZATION NAME Sudden Cardiac Arrest Prevention Policy

Any player who has passed out or fainted in an athletic activity or has demonstrated other symptoms that are suspected to be cardiac related shall be immediately removed from the athletic activity for the remainder of the day. The youth sports organization shall notify a parent or guardian of that athlete of the symptoms observed, and any treatment provided to that athlete.

The athlete shall not be permitted to return to any athletic activity until the athlete is evaluated by a licensed healthcare provider and receives written clearance to return to athletic activity.

A licensed healthcare provider is a practitioner who is trained in the evaluation and management of cardiac conditions and is acting within the scope of that provider's practice for evaluation and management of sudden cardiac arrest, fainting, and other cardiovascular-related symptoms.

The player ID card will be held and the player will not be allowed to return to play in any NAME OF ORGANIZATION sanctioned event until he/she has a full unconditional medical clearance from a licensed healthcare provider. The clearance must be on the physician's letterhead and include his/hers wet and/or original signature and display the address of the office location. It is important to note that conditional clearances will NOT be accepted.

If the licensed healthcare provider suspects that the athlete has a cardiac condition that puts the athlete at risk for sudden cardiac arrest or other heart-related issues, the athlete shall remain under the care of the licensed healthcare provider to pursue follow-up testing until the athlete is cleared to play.

My signature acknowledges that I have reviewed the information contained within this document.

Parent/Guardian Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Participant Full Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_