



PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest (SCA). By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion, head injury or sudden cardiac arrest.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury and Sudden Cardiac Arrest Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion and SCA. I agree that my child must be removed from practice/play if a concussion or SCA are suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion or SCA are reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____

Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury and Sudden Cardiac Arrest Information (SCA) and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors of a concussion and SCA.

I understand the importance of reporting a suspected concussion or SCA symptoms to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion or SCA are suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain/body needs time to heal.

Athlete Signature _____

Date _____

This form may be copied and reproduced.

SUDDEN CARDIAC ARREST

Wisconsin Sudden Cardiac Arrest Statute 118.2935

Note: Sudden cardiac arrest; youth athletic activities was signed into law in March 2022. Beginning July 1, 2022, school districts and other persons who operate certain youth athletic activities must distribute information about the risks associated with continuing to participate in a youth athletic activity after experiencing warning signs of sudden cardiac arrest to coaches, parents, and student athletes.

Summary

Sudden cardiac arrest is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life threatening.

“At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion/head injury and sudden cardiac arrest information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

What is Sudden Cardiac Arrest?

Occurs suddenly and often without warning.

An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.

The heart cannot pump blood to the brain, lungs and other organs of the body.

The person loses consciousness (passes out) and has no pulse.

Death occurs within minutes if not treated immediately.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

Fainting/blackouts (especially during exercise)

Dizziness

Unusual fatigue/weakness

Chest pain

Shortness of breath

Nausea/vomiting

Palpitations (heart is beating unusually fast or skipping beats)

Family history of sudden cardiac arrest at age < 50

An athletic coach or official involved in a youth athletic activity or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with sudden cardiac arrest ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game. ** Note that a student-athlete who exhibits unexplained fainting may be SCA because it is the number one warning sign of a potential heart condition. **