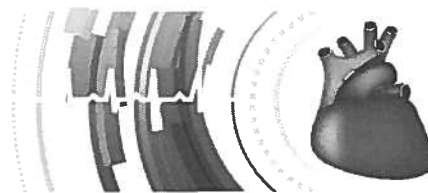


Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date



Canton Local Athletic Department

600 Faircrest Ave. • S.E. Canton, Ohio 44707
Telephone (330) 484.8000 • Fax (330) 484.8013

Athletic Director: Andy Harms

www.cantonlocal.org

Please initial the following:

- _____ 1. I have read and agree to follow the Canton Local Athletic Code of Conduct as outlined in the Student Athletic Handbook and the additional team guidelines given by the respective head coach to all participants in the athletic program. I may or may not agree with these rules, regulations, and policies, but I do agree to follow them as a member of an athletic squad.
- _____ 2. I have read and agree to the content of the Insurance Verification Sheet.
- _____ 3. I have viewed the Ohio High School Athletic Association mandatory parent slideshow on the Canton Local Schools website and agree to its content.
- _____ 4. I have read and agree to the drug testing policy as outlined in the Canton Local Athletic Code of Conduct.
- _____ 5. I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my child's symptoms to coaches, administrators and healthcare providers. I also understand that my child must have no symptoms and be cleared by a physician before return to play can occur.

***THIS FORM MUST BE SIGNED AND RETURNED TO THE ATHLETIC DEPARTMENT BEFORE THE 2017-18 SEASON BEGINS**

Student's Name _____ Grade _____

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____