

SUDDEN CARDIAC ARREST (SCA) AWARENESS & SIGN-OFF

Participant Clearance Package | Parent & Athlete Must Both Sign

LEGAL NOTICE: Many states require SCA awareness acknowledgment before an athlete may participate. This form satisfies NFMSS policy and applicable state law requirements.

ATHLETE & SCHOOL INFORMATION

Athlete Last Name: _____	First Name: _____
Date of Birth: _____	Grade: _____
School: _____	Sport(s): _____
School Year: _____	AD / Coach: _____

WHAT IS SUDDEN CARDIAC ARREST?

Sudden Cardiac Arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is a blockage that stops blood flow to the heart. SCA is an electrical malfunction that causes an irregular heartbeat (arrhythmia). When the heart's pumping action is disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Within seconds, a person loses consciousness and has no pulse. Death occurs within minutes if not treated. SCA is the leading cause of death in young athletes during exercise.

WARNING SIGNS & SYMPTOMS — KNOW THESE

<ul style="list-style-type: none"> ■ Racing, fluttering, or irregular heartbeat during exercise 	<ul style="list-style-type: none"> ■ Fainting or near-fainting during or shortly after exercise
<ul style="list-style-type: none"> ■ Chest pain, tightness, or discomfort during activity 	<ul style="list-style-type: none"> ■ Unusual shortness of breath during exercise
<ul style="list-style-type: none"> ■ Dizziness or lightheadedness during activity 	<ul style="list-style-type: none"> ■ Extreme fatigue unexplained by exertion level
<ul style="list-style-type: none"> ■ Family history of SCA, arrhythmia, or unexplained death under 50 	<ul style="list-style-type: none"> ■ Prior diagnosis of a heart condition or abnormal EKG

If any of these symptoms occur, IMMEDIATELY remove the athlete from activity and seek medical evaluation. Do NOT allow the athlete to return to play without clearance from a licensed physician.

IF AN ATHLETE COLLAPSES — WHAT TO DO

Step 1	Call 911 immediately.
Step 2	Check for responsiveness — tap shoulders, shout name.

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Step 3	If unresponsive and not breathing normally — begin CPR immediately (100–120 compressions/min).
Step 4	Send someone to retrieve the AED. Apply as soon as it arrives and follow all prompts.
Step 5	Continue CPR and AED until EMS arrives or the athlete recovers.
Step 6	Do NOT leave the athlete alone. Clear bystanders. Notify parents immediately.

ATHLETE CARDIAC HISTORY — PARENT COMPLETES

1. Has the athlete ever fainted or nearly fainted during or after exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the athlete ever experienced chest pain or shortness of breath during activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the athlete ever been told they have a heart murmur, arrhythmia, or heart condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the athlete ever had an abnormal EKG or echocardiogram?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any family member under age 50 died suddenly from a heart-related cause?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has any family member been diagnosed with hypertrophic cardiomyopathy (HCM), Long QT syndrome, Marfan syndrome, or other heart condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES to any above, explain and attach physician clearance letter:

ACKNOWLEDGMENT & SIGN-OFF

We, the undersigned athlete and parent/guardian, acknowledge that we have received and read the NFMSS Sudden Cardiac Arrest information sheet. We understand the nature, warning signs, and risks of SCA in young athletes. We agree that if the athlete experiences any of the symptoms listed above, the athlete will be removed from activity immediately and will not return without written clearance from a licensed healthcare provider. We understand that a coach or school official must receive this signed form before the athlete is permitted to participate in any NFMSS-affiliated athletic activity.

Athlete _____

Signature: _____

Date: _____

Parent/Guardian _____

Signature: _____

Date: _____

Printed Name of _____

Parent: _____

Relationsh _____

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Coach / AD

Date

Signature:

Received:
