State of New Jersey DEPARTMENT OF EDUCATION

Sudden Cardiac Death Pamphlet Sign-Off Sheet

| Name of School District: | |
|---|---|
| Name of Local School: | |
| | 4, |
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| I/We acknowledge that we received and reviewed the Sudden (| Cardiac Death in Young Athletes pamphlet. |
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| | |
| Student Signature: | |
| Parent or Guardian | |
| Signature: | |
| | |
| Date: | |