

State of New Jersey
DEPARTMENT OF EDUCATION

**Sudden Cardiac Death
Pamphlet**

**Sign-Off
Sheet**

Name of School

District: _____ TEANECK _____

Name of Local School: _____ HEICHAL

HATORAH _____

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Name:

Student Signature:

Parent or Guardian

Signature: _____

Date: _____

New Jersey Department of Education 2014: pursuant to the Scholastic Student-Athlete Safety Act, P.L.
2013, c71