

# Kingston City School District

Date: \_\_\_\_\_

Dear Parent /Guardian of: \_\_\_\_\_

The Dominic Murray Sudden Cardiac Arrest Prevention Act, effective July 1, 2022, requires schools to screen athletes for any Cardiac risks (Symptoms, Personal Risk Factors or Family History). If any risk factors are identified, the student must have their primary care doctor review the risk factors and provide a written note clearing the student to participate in competitive athletics.

On \_\_\_\_\_ you shared with us that your child has:

\_\_\_\_\_ A personal history or symptom of a Cardiac Risk Factor, \_\_\_\_\_

\_\_\_\_\_ A family history of \_\_\_\_\_, which is considered a risk factor(s) for Sudden Cardiac Arrest.

**Please ask your child's Doctor to complete this form and return to your child's school nurse.**

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Physician to complete:

Date: \_\_\_\_\_

\_\_\_\_\_ I have reviewed this student's cardiac health history, family cardiac health history and personal symptoms.

\_\_\_\_\_ This student is cleared for Competitive Athletic participation.

\_\_\_\_\_ This Student is NOT CLEARED for Competitive Athletic participation at this time.

Additional notes:

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MD signature: \_\_\_\_\_

MD Stamp Required