



Annual Sudden Cardiac Arrest Training:  
Coaches' Acknowledgement of Understanding and Responsibility

Once you have reviewed the coaching document and video, please read and initial next to each statement and sign and date the bottom to complete your annual Sudden Cardiac Arrest Training. Please return it to \_\_\_\_\_ no later than \_\_\_\_\_

\_\_\_\_\_ I acknowledge that I have reviewed and understand my coaching responsibilities under Lindsey's Law.

\_\_\_\_\_ I acknowledge that I have reviewed and understand the warning signs of Sudden Cardiac Arrest.

\_\_\_\_\_ I acknowledge and understand the most common causes of Sudden Cardiac Arrest presented in the Ohio Department of Health's video and materials.

\_\_\_\_\_ I acknowledge that I have read all content and understand my coaching responsibilities in regard to the content.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Sport: \_\_\_\_\_ Grade \_\_\_\_\_ Boys \_\_\_\_ Girls \_\_\_\_

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