

Saint Peter's Prep
Sudden Cardiac Death Pamphlet
Sign-Off Sheet

Name of School District: Jersey City
Name of Local School: Saint Peter's Prep

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

X _____
Student Signature

Print Student Name

X _____
Parent/Guardian Signature

Print Parent Name

Date

State of New Jersey/Department of Education

New Jersey Department of Education 2014

pursuant to the Scholastic Student-Athlete Safety Act, P.L. 2013, c71