

State of New Jersey  
DEPARTMENT OF EDUCATION

**Sudden Cardiac Death Pamphlet  
Sign-Off Sheet**

Name of School District: Teaneck\_\_\_\_\_

Name of Local School: Ma'ayanot\_\_\_\_\_

Name of Student: \_\_\_\_\_

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

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

Parent or Guardian  
Signature: \_\_\_\_\_

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