

# Sample Sudden Arrhythmia Death Syndrome Parent/Guardian Letter

Dear Parent(s)/Guardian(s),

Your son/daughter/ward has experienced a fainting episode at school. Fainting can be caused by a number of varying conditions. Our school protocol is to inform you of a medical condition called Sudden Arrhythmia Death Syndrome (SADS) along with our school response and required parental/guardian follow-up for your child/ward to return to physical activity.

SADS refers to a variety of cardiac disorders which are often genetic and undiagnosed that can be responsible for sudden death in young, apparently healthy people. For example, Long QT Syndrome (LQTS), a genetic condition that predisposes individuals to arrhythmias, fainting spells and sudden death. It is often symptomless and can therefore remain undiagnosed.

For more information on SADS access [www.sads.ca](http://www.sads.ca).

## Prevention of Sudden Cardiac Death

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Recognition of the **warning signs** and early medical intervention are the keys to preventing sudden cardiac death in children and young adults.

## Warning Signs

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For student with no previously diagnosed heart condition:

- Fainting or seizure during physical activity
- Fainting or seizures resulting from emotional excitement, emotional distress or being startled (for example, a sudden noise such as a school fire alarm system).

- All situations where there is fainting even when the individual wakes up quickly and seems fine

*Note:* These warning signs are not conclusive in and by themselves; however, the presentation of any one of the warning signs requires an immediate cardiac evaluation.

## School Response to a Fainting Episode

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Call 911 immediately. Provide emergency medical services (EMS) with information of what led up to the individual fainting. Contact parents/guardians as soon as reasonably possible.

Parents are provided with information on SADS and a [Fainting Episode Form](#) to be returned to the school administrator/designate.

No participation in physical activity until a medical assessment is completed and information from the parent/guardian is provided to the school administrator/designate.

## Parent Response to a Fainting Episode

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The parent/guardian must seek immediate medical attention for the child/ward, requesting a cardiac assessment to be completed (for example, analysis of the heart rhythm by a cardiologist or an electrophysiologist).

Return the completed Fainting Episode Form to the school administrator/designate.

# Sample Fainting Episode Form

The Fainting Episode Form must be completed by the student's parent/guardian and returned to the school administrator/designate.

Name of Student:

Name of Teacher:

As a result of a fainting episode, my child was seen by a medical doctor.

## Results of Medical Examination

- ☐ My child/ward has been examined by a doctor who determined that a cardiac assessment was not necessary or required.
- ☐ My child/ward has been examined by a doctor. A cardiac assessment was completed, and no rhythm disorders were diagnosed. My child/ward may resume full participation in physical activity with no restrictions.
- ☐ My child/ward has been examined by a doctor. A cardiac assessment was completed, and a rhythm disorder was diagnosed. My child/ward therefore must begin a medically supervised return to physical activity plan. Refer to comments below and/or attached physician's information.

Parent/Guardian signature:

Date:

Comments:

Physician's input attached:

☐ Yes

☐ No