

Sample Sudden Arrhythmia Death Syndrome Parent/Guardian Letter

This sample letter is intended to serve as a guide for stakeholders to create a letter that aligns with the policies and procedures in their respective school division/school.

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, undiagnosed, and may 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.

Prevention of Sudden Cardiac Death

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

Warning Signs

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

Call 911 immediately. Provide emergency medical services (EMS) with information which may have contributed to the fainting episode. Contact parents/guardians as soon as reasonably possible.

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

The student is not allowed to participate in any 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

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

This sample form is intended to serve as a guide for stakeholders to create a form that aligns with the policies and procedures in their respective school division/school.

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