

ELECTROCARDIOGRAM SCREEN (EKG) CONSENT FORM AND RELEASE OF LIABILITY

Your School _____

An EKG screen (sometimes also referred to as an ECG) may help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An EKG screen may also assist in diagnosing several different heart conditions that may contribute to sudden cardiac death. An EKG screen will not prevent sudden cardiac death, but may identify patients that should be more closely examined for an undiagnosed heart condition.

The EKG screen, if elected, will be conducted using volunteers from Lincoln Hospital District #3 and others to perform the EKG. The EKG will be conducted at your child's school using equipment loaned by Who We Play For, a Texas non-profit organization, or AndraHeart, an Arizona non-profit organization. The test results will be electronically sent to Who We Play for interpretation by licensed Cardiologist.

By signing below, I am either electing or declining an EKG screen facilitated through my child's School and Lincoln Hospital District 3/ North Basin Medical clinics and provided by and in conjunction with Who We Play For and AndraHeart for my child. By electing to receive an EKG screen, I acknowledge the limitations of an EKG screen and that sudden cardiac death, or other cardiac events, may still occur, despite this screening. I further acknowledge that students with an abnormal EKG screen will be required to undergo further testing (i.e., an echo or ultrasound) and/or a medical consultation prior to being released to resume participation in my child's School athletic programs. By my signature below, I hereby release and forever discharge, and waive, any and all claims against my child's School, Lincoln Hospital District 3/ North Basin Medical Clinics, Who We Play For, and AndraHeart Foundation, and the employees, trustees, consultants, volunteers and contractors of said organizations, that relate to my election regarding and/or participation in the EKG screening. I authorize medical personnel to review the EKG results, and interpret and use the same for diagnostic and aggregated statistical purposes in accordance with the Family Education Rights and Privacy Act, and Health Insurance Portability and Accountability Act of 1996.

I DO hereby consent to participation in the EKG screen on behalf of that of my minor child.

I DECLINE participation in the EKG screen on behalf on that of my minor child.

Parent/Guardian Name Printed

Parent/Guardian Signature

Parent/Guardian E-Mail address

Date

Participant Information

Last name: _____

First name: _____

Gender: Male ____ Female ____ Race ____

Birthdate ____/____/____

Student ID#: _____ Height: ____ Weight: ____ Sport: _____ Grade: ____

Personal Cardiac History (if any): _____

Family Cardiac History (if any): _____

For more information about heart screening, see www.andraheart.org or www.WhoWePlayFor.org
Thank you for participating in this important heart screening!