

ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

TIMBER CREEK HIGH SCHOOL

An ECG (also known as an EKG) screen can 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 ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

By signing below, I am either electing or declining an ECG screen provided by **TIMBER CREEK HIGH SCHOOL** for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to perform further testing (e.g. an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for **TCHS** athletic teams. By my signature below, I hereby release and forever discharge, and waive, any and all claims against **TIMBER CREEK HIGH SCHOOL (OCPS)**, its employees, trustees, consultants, volunteers and contractors that relate to the student's election regarding and/or participation in the ECG screening project. I authorize medical personnel to review the ECG 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 ECG screen on behalf of my minor child. I understand there is a \$20 charge.

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

Child's Name Printed

Date

Parent/Guardian Name Printed

Parent/Guardian Signature

Parent/Guardian E-Mail address

Phone #

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): _____

Do you currently take any of the following medication? (Mark all that apply):

ADD/ADHD _____ Asthma medication/inhaler _____ Beta blockers _____

For more information about heart screening, see www.WhoWePlayFor.org

Thank you for participating in this important heart screening!

