

# ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

An ECG 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 electing an ECG screen provided by Westwood 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 or other cardiac events may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to undergo further testing (e.g. an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for the NICE Community Schools athletic teams. By my signature below, I hereby release and forever discharge, and waive, any and all claims against the NICE Community School, its employees, sponsors, trustees, consultants, volunteers and contractors that relate to my election regarding and/or my child's participation in this 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 Privacy Rights Act and Health Insurance Portability and Accountability Act of 1996.

I DO hereby consent to participation in the ECG.

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

\_\_\_\_\_  
Child's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent E-Mail address

\_\_\_\_\_  
Parent phone #

## PARTICIPANT INFORMATION

Ethnicity: African American \_\_\_\_ Asian \_\_\_\_ Caucasian \_\_\_\_ Hispanic \_\_\_\_ Other \_\_\_\_

Student ID #: \_\_\_\_\_ Age: \_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Previous Cardiac Issues (if any): \_\_\_\_\_

Family Cardiac History (if any) \_\_\_\_\_

Do you currently take any of the following medications? (circle any that apply):  
ADD/ADHD Beta Blockers Asthma medication/inhaler Cardiac Medications

For more information about heart screening, see [www.WhoWePlayFor.org](http://www.WhoWePlayFor.org)

