

ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

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

The cost of the screening is \$15. By signing below, I am either electing or declining an ECG screen provided by Cypress ECG 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 (i.e., an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for Whitney High School athletic teams. By my signature below, I hereby release and forever discharge, and waive, any and all claims against Whitney ISD, its employees, trustees, consultants, 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 Privacy Rights Act and Health Insurance Portability and Accountability Act of 1996.

I DO hereby consent to participation in the ECG screen on behalf or that of my minor child. The cost of this screening is \$15 due at time of screening.

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

Child's Name Printed _____ Date _____

Parent/Guardian Name Printed _____ Parent/Guardian Signature _____

Parent E-Mail address _____

Athlete Information

Ethnicity: Caucasian ____ Hispanic ____ African American ____ Asian ____ Other ____

Student ID #: _____ Name: _____

Age: _____ Gender: Male _____ Female _____ Birthdate ____/____/____

Circle sports that you plan to participate in:

Baseball Basketball Cross-Country Football Golf Soccer
Softball Swimming Tennis Track Volleyball Wrestling

The charge for this service is \$15 payable to the Cypress ECG or Whitney ISD. You will receive a diagnosis that you are either "Low Risk", "Require a Follow Up", or "High Risk". Low Risk implies that your ECG does not fit the high risk profile. Require a follow up or High Risk mean that you should see a Cardiologist and get an Echocardiogram and Consult to rule out potential issues or that the ECG screening was inconclusive. Local physicians that can provide the appropriate cardiac consultation are



Central Texas Cardiology (Waco) 254-755-8095
Consultants in Cardiology (Clebourne) 817-556-9190
Cardiology Consultants of Texas (Waxahachie) 972-923-7292