

ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

Birdville High School

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 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 at Birdville 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 **Birdville High School** athletic teams. By my signature below, I hereby release and forever discharge, and waive, any and all claims against **Birdville High School**, 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 Privacy Rights Act and Health Insurance Portability and Accountability Act of 1996.

By signing below, I understand there is a \$15 charge for this screening service.

I DO hereby consent to participation in the ECG screen on behalf of my minor 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) _____

For more information about heart screening, see www.cypressecg.org
We accept cash or checks made out to Who We Play For - Cypress ECG Project for \$15.

Please return this form with payment to Nurse Amber. For questions, call Nurse Amber at 817-547-8012 or send an email to Amber.Kahle@birdvilleschools.net. FAQ's may also be found on the BHS Sports Medicine website.

Thank you for participating in this important heart screening!

