

**ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY/OPT OUT**

An ECG screen (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 elect to have representatives and volunteers from "Who We Play For" perform an ECG screen 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 release prior to being allowed to resume participation in school athletics. By signing below, I hereby indemnify, release, and forever discharge, and waive, any and all claims against The School Board of Brevard County, Florida and "Who We Play For," including each entity's employees, sponsors, trustees, consultants, volunteers, and contractors for all actions related to this ECG screen. In addition, I authorize medical personnel with "Who We Play For" 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. I understand there is a \$20 fee for this service, payable to Who We Play For.

I DO HEREBY CONSENT to participation in the ECG and our family qualifies for free or reduced lunch status. Families in this category are eligible for free screening thanks to the sponsorship of Health First, Parrish Hospital, the Space Coast Health Foundation, and to the friends and family of Tim McGahey.

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/ Guardian Email address

\_\_\_\_\_  
Parent/ Guardian Phone #

**Participant Information**

Ethnicity: Afro American/ Black \_\_\_\_ Asian \_\_\_\_ Caucasian/ White \_\_\_\_ Hispanic \_\_\_\_ Other \_\_\_\_  
**(Mark all that apply)**

Age: \_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ 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

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