

ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

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 am electing an ECG screen provided by Who We Play For & Florida Orthopaedic Institute 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 school athletics. By my signature below, I hereby release and forever discharge, and waive, any and all claims against Who We Play For & Florida Orthopaedics Institute for, 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 Rights and Privacy Act and Health Insurance Portability and Accountability Act of 1996.

I DO HEREBY CONSENT to participation in the ECG screening on behalf of my minor child. I understand that it is FREE or that I can donate \$20 per student screened to "pay it forward" so that others can benefit from this endeavor in the future.

Note: **Team Nina** has provided a generous donation to assist families with the cost of this program if it will in any way be a financial hardship. Please choose one of the options below:

- _____ We choose to pay the \$20 in full. (Make checks out to Who We Play For)
- _____ We can afford a partial donation of _____. Our donation is enclosed.
- _____ We would appreciate full financial assistance through Team Nina.

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 _____ 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

