

# ‘22 – ‘23 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.

As per HB 76 of the 86<sup>th</sup> Texas Legislature a parent can elect to have their child receive an ECG. Cypress Fairbanks currently has an ECG program and will provide a free ECG the first year a student elects to receive one. Any sequential ECG’s will be at the expense of the parents or guardian of the student and done outside of the school. We also ask that if you do an ECG out of the school district, that you share any abnormal results with the school district to ensure the safe participation in athletics of your child.

By signing below, I am either electing or declining an ECG screen provided by the Cypress-Fairbanks Independent School District 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 CFISD activities, at the parent’s expense. By my signature below, I hereby release and forever discharge, and waive, any and all claims against the Cypress-Fairbanks Independent School District, its employees, trustees, consultants and contractors that relate to the student’s election regarding and/or participation in the ECG screening project, and authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in addition to other medical documentation on file in with the school district, and in accordance with the Family Educational Privacy Rights Act and the 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.

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

\_\_\_\_\_  
Child’s Name Printed

\_\_\_\_\_  
Date

**X**

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

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

PARENT E-MAIL ADDRESS \_\_\_\_\_

### INFORMATION

STUDENT ID #: \_\_\_\_\_ NAME \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

GRADE: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

CIRCLE HIGH SCHOOL ATTENDING 2020-2021:

- |          |            |          |                |               |            |
|----------|------------|----------|----------------|---------------|------------|
| Cy-Creek | Cy-Fair    | Cy-Falls | Cy-Lakes       | Cy-Park       | Cy-Ranch   |
| Cy-Ridge | Cy-Springs | Cy-Woods | Jersey Village | Langham Creek | Bridgeland |

*This section to be completed by Athletic Trainer  
DATE ECG COMPLETED*

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# Cypress-Fairbanks Independent School District

## Parent Permission for School-Sponsored Activity

**with** District transportation     **without** District transportation

_____	_____	_____
Student Name	Campus	Grade
_____	(____)____-_____	(____)____-_____
Parent/Guardian	Primary Phone	Secondary Phone
_____	(____)____-_____	(____)____-_____
Secondary Emergency Contact	Primary Phone	Secondary Phone

**ACTIVITY:** \_\_\_\_\_

**PARENT ACKNOWLEDGMENT:** In order for your student to participate in this school-sponsored activity, written parent permission is required below. Student safety is a high priority; however, under state law the school district is not responsible for medical or other costs associated with a student injury, unless the injury results from a school employee’s negligent operation of a District vehicle. By completing and returning this form, you are authorizing your student to participate in the school-sponsored activity described above and acknowledge that you are responsible for any medical or other costs associated with a student injury that may occur during the activity, except as stated above. Students are required to use District-provided transportation if it is provided as indicated above (unless the campus principal or designee has specifically authorized a student to arrive or depart separately and the parent/guardian has completed any additionally required written permissions). The District shall not be liable or responsible for any action, injuries or damages that occur to students riding in vehicles that are not provided by the District.

If the above student needs immediate care and treatment as a result of injury or illness, I authorize CFISD employees to deliver or consent to care.

**PRESCRIPTION MEDICATION ADMINISTRATION:** Prescription medications administered by the school nurse during a regular school day will be transported/administered by the field trip sponsor for an activity limited to regular school hours.

\_\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Parent/Legal Guardian Signature      Date

**Complete this section ONLY if your child requires the administration of a prescription medication** during an activity **extending beyond the regular school day**, please list the medication(s) you authorize CFISD staff members to administer in the table below. The field trip sponsor will provide instructions for parents/guardians to drop-off required medication(s) before the event. In accordance with CFISD Board policy FFAC (LOCAL), medication must be supplied in the original container (labeled for the student), and students may not transport medications to or from school or a school-sponsored event.

Medication Name	Dose	Route	Time

\_\_\_\_\_/\_\_\_\_/20\_\_\_\_  
Parent/Legal Guardian Signature      Date



## Fine Arts Field Trip High School

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Grade

Please provide a copy of the student's current insurance card.

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Identification Number

\_\_\_\_\_  
Group Number

In case of a student emergency, CFISD employees should be knowledgeable of your child's medical conditions to provide safe care. Please list any medical conditions or regular medications below.

Asthma       Diabetes       Seizure Disorder       List Severe Food Allergies \_\_\_\_\_

Daily and Emergency Medications: \_\_\_\_\_

Other Information: \_\_\_\_\_

### District Provided Non-prescription Medication Permission

Authorization is hereby given for the administration of the following district provided non-prescription medications to my child by designated school employees. Circle Yes or No in last column.

Symptom	Medication	Brand Name	Circle Yes or No
Allergic Reaction	Diphenhydramine	Benadryl	Yes   or   No
Mild Pain/Fever	Ibuprofen	Addaprin, Motrin	Yes   or   No
Mild Pain/Fever	Acetaminophen	Tylenol	Yes   or   No
Mild Abdominal Pain Heartburn, Nausea	Calcium Carbonate Chews	Tums, Maalox	Yes   or   No

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

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

### Medication Log (For CFISD Use Only)

Date: (Month/Day)	Time	Signs & Symptoms	Medication Dispensed	Initials
/				
/				
/				
/				
/				
/				

**PARENT/STUDENT UIL MARCHING BAND  
ACKNOWLEDGEMENT FORM**

*Updated 2018*

No student may be required to attend a marching band related practice for more than eight hours outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band. **Exception:** For schools that begin instruction prior to the fourth Monday in August the limit of eight hours of rehearsal outside of the academic school day per calendar week shall begin on the Tuesday immediately following Labor Day. Schools under this exception shall be limited to eight hours of rehearsal outside of the academic day per school week (12:01 AM on the first day of school of the calendar week through the end of the school day on the last day of instruction of the school week) until the Tuesday immediately following Labor Day.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of Activities Subject to the UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band and Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing and Viewing Marching Band Videos
- Passing Off Marching Band Music
- Marching Band Sectionals (Both Director and Student Led)
- Clinics for The Marching Band or Any of its Components

The Following Activities Are Not Included in the Eight Hour Time Allotment:

- Travel Time to and From Rehearsals and/or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades and Other Public Performances
- Instruction and Practice For Music Activities Other Than Marching Band And Its Components

NOTE: More information about Marching Band practice limitations can be found at:

[www.uiltexas.org/music/marching-band](http://www.uiltexas.org/music/marching-band)

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is to be kept on file by the local school district.