

EKG CONSENT FORM AND RELEASE OF LIABILITY

University of Delaware’s STAR Campus, Saturday, November 11, 2017

An EKG screen can help identify young people who are at risk for Sudden Cardiac Death, a condition where death results from an abrupt loss of heart function. An EKG screening assists in diagnosing several different heart conditions that may contribute to Sudden Cardiac Death.

**FREE EKG screening. Results evaluated by Nemours.**

By signing below, I am electing an EKG screen provided by Heart In The Game for my child. By electing to receive an EKG screen, I acknowledge the limitations of an EKG screen and that sudden cardiac death or other cardiac events may still occur, despite this screening. I further acknowledge that, if my child has an abnormal EKG screen, he/she will be required to undergo further testing (e.g. an echo or ultrasound) and/or a medical consultation. **By my signature below, I hereby release and forever discharge and waive any and all claims against HEART IN THE GAME, including but not limited to its employees, sponsors, volunteers and contractors and also including the University of Delaware and the University’s wholly-owned subsidiary, 1743 Holdings, LLC, as well as all University of Delaware and 1743 Holdings employees, officers, students, and contractors, that relate to my election regarding and/or my child’s participation in this event.** I authorize medical personnel to review the EKG 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 EKG screen and bp test on behalf of my minor child, including the release of liability described above, and I further acknowledge that the University of Delaware is not connected with, assumes no responsibility for, and shall have no liability for the actions or inactions of Heart In The Game.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Email (**PLEASE SIGN LEGIBLY**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatrician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: African American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: Age \_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Birthdate \_\_\_/\_\_\_\_/\_\_\_\_\_\_

Previous Cardiac Issues (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Family History (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Forms available in nurses office Greer@HeartInTheGame.org 302.494.3133

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