

**EKG CONSENT FORM AND RELEASE OF LIABILITY – Seaford Middle School**

**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.**

**INSTRUCTIONS: Complete form. Email doc to** **greer@HeartInTheGame.org** **Electronic Signature is valid proof of consent.**

**FREE EKG screening. Results evaluated by cardiologists at 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; its employees, sponsors, volunteers 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 also hold harmless Med Express for their non-invasive bp testing and Harris School of Business techs for non-invasive EKG testing.**

**\_\_\_\_\_ I DO hereby consent to participation in the EKG screen and bp test on behalf of my minor child.**

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

**Parent/Guardian Name Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Forms available in Nurse Covey’s office and online @** **HeartInTheGame.org** **302.494.3133**