

**EKG CONSENT FORM AND RELEASE OF LIABILITY – Mar 15 ’20 8am – 10am**

An EKG screen can help identify young people who are at risk for Sudden Cardiac Death. An EKG screening assists in diagnosing heart conditions that may contribute to Sudden Cardiac Death. THIS IS A FREE EKG, to keep your child heart heathy.

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 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 on behalf of my minor child.

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

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

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

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

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

**Ethnicity: African American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Hispanic \_­­\_\_\_\_\_Other\_\_\_\_\_\_\_\_**

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

**Previous Student or Family Cardiac Issues (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Online Registration. Strongly suggested to reserve your space 302.494.3133 WALK-INS WELCOME**