



ELECTROCARDIOGRAM CONSENT FORM AND RELEASE OF LIABILITY

Maypearl ISD

An electrocardiogram (ECG or EKG) screen can help identify young athletes who are at risk for Sudden Cardiac Arrest (SCA), a condition where death can result from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to SCA.

By signing below, I am either electing or declining an ECG screen provided by **Maypearl ISD** for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that SCA or other cardiac events may still occur, despite this screening. I further acknowledge that students with an abnormal ECG 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 for **Maypearl ISD** extracurricular activities. By my signature below, I hereby release and forever discharge, and waive, any and all claims against The Cody Stephens Go Big Or Go Home Memorial Foundation (GBOGH) and **Maypearl ISD**, their employees, trustees, consultants, volunteers and contractors that relate to my election regarding and/or my child's participation in the ECG screening. 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 Educational Rights and Privacy Act and Health Insurance Portability and Accountability Act of 1996.

I DO hereby **CONSENT** to participation in the ECG screen on behalf of my minor child. I understand there is a **\$20 charge**. Please pay with cash or check payable to **The Cody Stephens Foundation**.

I DO NOT consent to participation in the ECG screen on behalf of my minor child.

Child's Name Printed

Date

Parent/Guardian Name Printed

Parent/Guardian Signature

Parent/Guardian E-Mail address (Please print)

Parent/Guardian Phone #

Participant Information

Student Last Name: _____ Student First Name: _____

Male _____ Female _____ Race: _____ Birthdate ____/____/____

Student ID#: _____ Weight: _____ Height: _____ Sport: _____ Grade: _____

Student Cardiac History (if any): _____

Family Cardiac History (if any): _____

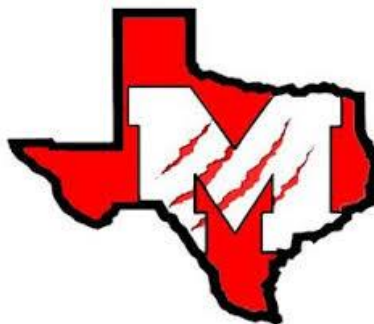
Does student currently take any of the following medication? (Mark all that apply):

ADD/ADHD _____ Asthma medication/inhaler _____ Heart-related _____ Seizure _____

For more information about Cody's story, the foundation formed in his name, or heart screening in general, see

www.codystephensfoundation.org

Thank you for participating in this important heart screening!





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During the screening, you will be asked the following questions. Please be sure to ask the screening staff or volunteers if you have any questions or concerns about answering them.

- Have you ever experienced chest pain or discomfort with exercise?
- Have you ever passed out or nearly passed out?
- Have you ever had excessive shortness of breath or fatigue with exercise?
- Have you been told you have a heart murmur?
- Have you had high blood pressure?
- Does anyone in your family have genetic or heart arrhythmia problems?
- Has anyone in your family under the age of 50 died suddenly or unexpectedly from heart disease?
- Has anyone in your family under the age of 50 been disabled from heart disease?
- Have you had a prior restriction from participation in sports because of your heart?
- Have you had a physician order a heart test for you?