

ELECTROCARDIOGRAM SCREEN (EKG) CONSENT FORM AND RELEASE OF LIABILITY

Your school: **Wilbur School District and Creston School District**

An EKG screen (sometimes also referred to as an ECG) may 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 EKG screen may also assist in diagnosing several different heart conditions that may contribute to sudden cardiac death. An EKG screen will not prevent sudden cardiac death, but may identify patients that should be more closely examined for an undiagnosed heart condition.

On March 12, 2020 The EKG screen, if elected, will be conducted using providers from Lincoln Hospital District #3 and other volunteers for the purpose of administering the EKG. The EKG will be conducted at locations within your School using equipment loaned by the Cody Stephens Foundation, a Texas non-profit organization or AndraHeart, an Arizona non-profit organization. The test results will be digitally sent to Cody Stephens Cardiology. Cardiologists under contract with the Cody Stephens Foundation will evaluate the EKG. Lincoln Hospital District #3 and your School are facilitating the examination; however the results will be sent directly to the school where the student attends. The results will then be distributed by the school to the parent(s) of the student.

By signing below, I am either electing an EKG screen facilitated through your School and Lincoln Hospital District 3/ North Basin Medical Clinics and provided by and in conjunction with the Cody Stephens Foundation and AndraHeart for my child. By electing to receive an EKG screen, I acknowledge the limitations of an EKG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that students with an abnormal EKG screen will be required to undergo further testing (i.e., an echo or ultrasound) and/or a medical consultation prior to being released for participation in school sports and athletic programs in your School. By my signature below, I hereby release and forever discharge, and waive, any and all claims against your School, Lincoln Hospital District 3/ North Basin Medical Clinics along with the Cody Stephens Foundation, AndraHeart Foundation and, its employees, trustees, consultants, volunteers, contractors that relate to the student's election regarding and/or participation in the EKG screening project. 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.

Students over 18 may sign for themselves.

I DO hereby consent to participation in the EKG screen on behalf or that of my minor child.

Child's Name Printed

Grade

Date

Parent/Guardian Name Printed

Parent/Guardian Signature

Parent E-Mail address (to receive results)

Athlete Information

Ethnicity: Caucasian ____ Hispanic ____ African American ____ Asian ____ Other ____

Age: _____ Gender: Male _____ Female _____ Birthdate ____/____/____

Circle sports that you plan to participate in:

Baseball Basketball Cross-Country Football Golf Soccer
Softball Swimming Tennis Track Volleyball Wrestling

You will receive a diagnosis that you are either "Low Risk", "Require a Follow Up", or "High Risk". Low Risk implies that your EKG does not fit the high risk profile. Require a Follow Up or High Risk means that you should see a Cardiologist and get an Echocardiogram and Consult to rule out potential issues or that the EKG screening was inconclusive.