



ELECTROCARDIOGRAM CONSENT FORM AND RELEASE OF LIABILITY

Boyd ISD ECG'S Screening Date: 4/12/2022

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. **If your child is already under physician care for a heart-related condition, please do not participate in this screening. Your doctor's opinion and advice overrules a screening result.**

By signing below, I am either electing or declining an ECG screen provided by **Boyd 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 **Boyd ISD** extracurricular activities, and I understand I will be financially responsible for that testing. By my signature below, I hereby release and forever discharge, and waive, any and all claims against **Boyd ISD** and the Cody Stephens Go Big Or Go Home Memorial Foundation, 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. In the event my child has an abnormal finding, I allow **Boyd ISD** to provide a copy of this form to the Cody Stephens Foundation for informational contact purposes only.

I hereby DO/DO NOT (CHECK ONE) **CONSENT** to participation in the ECG screen on behalf of my minor child. I DO I **DO NOT**

If you would like to sponsor a FUTURE student ECG please include your donation with your form. We appreciate you helping to make EKG's possible for our kiddos that may not normally receive one.

_____ x \$10.00 = _____ Total amount inclosed: \$ _____

Parent/Guardian Name Printed Date Phone #

Signature E-Mail address (please print legibly)

Participant Information

Student Last Name: _____ Student First Name: _____

Gender: _____ Race(s): _____ Birthdate ____/____/____ Has student been diagnosed or tested positive for COVID-19 infection? _____

Has this student been exposed to someone who has COVID-19 infection in the last 14 days? _____ Student

ID#: _____ Weight: _____ Height: _____ Sport(s): _____ Grade: _____ Student

Cardiac History (if any): _____ Family

Cardiac History (if any): _____

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

ADD/ADHD _____ Cardiac medication _____ Asthma medication/inhaler _____ 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?

Have you had a physician order a heart test for you?

Have you been exposed to someone who has tested positive to COVID-19?

Have you been diagnosed or tested positive for COVID-19 infection within the last 14 days?

- o If yes, During the infection did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath?
- o Since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance?