

## CARDIAC SCREENING PERMISSION FORM AND WAIVER

### I. VOLUNTARY PARTICIPATION

I, the undersigned, (Please check one) GIVES Permission \_\_\_\_\_ DOES NOT give permission \_\_\_\_\_ for my child, \_\_\_\_\_, to voluntarily participate in the Cardiac Screening for which my child **will receive an electrocardiogram**. The undersigned acknowledges and agrees that participation in the Cardiac Screening is completely voluntary and that it is the undersigned's decision to have my child participate. An electrocardiogram (also known as EKG or ECG) is a non-invasive test that measures the electrical activity of the heart and can detect certain heart abnormalities leading to sudden cardiac death.

Parent's/Guardian's Initials: \_\_\_\_\_

### II. ASSUMPTION OF THE RISK, RELEASE AND WAIVER

The information provided is, to the best of my knowledge, complete and accurate. I understand and acknowledge that a finding of low risk from the limited screening being performed is not a guarantee of good health and that participation in this program cannot substitute for a consultation with a physician or other medical professional for any medical or health related condition or for regular physical examinations.

I understand and acknowledge that information received from this screening is to be considered preliminary only and does not constitute a diagnosis of my child's health or physical condition. This is not a diagnostic study and is not intended to replace regular check ups with my child's physician. I further understand and acknowledge that I or another parent/guardian should discuss any abnormal results with my child's personal physician as soon as possible. I or another parent/guardian should ensure that any abnormal results from the Cardiac Screening are confirmed by a physician before any diagnosis or treatment is considered.

In order to have the Cardiac Screening performed on my child and to have him/her participate in that screening, the undersigned, HEREBY RELEASES AND WAIVES ALL CLAIMS, ACTIONS, AND CAUSES OF ACTION that I or my child may otherwise have against the independent health care personnel and volunteers who are conducting or participating in this screening process, the school, the school district, and any vendors, sponsors, their officers, directors, employees, agents, volunteers, and representatives, from any claims, liability, or damages, including but not limited to personal injury or illness arising out of any physical, emotional, or mental injury or death that may occur in any way from my child's participation in this program resulting from the negligence, breach of warranty, or strict liability of any persons associated with the Cardiac Screening. The undersigned further agrees that neither the undersigned nor any of the undersigned's heirs, personal or legal representatives of family members will bring suit or make a claim for illness, injury, or death resulting from the Cardiac Screening and that this release is binding upon my heirs, legatees, administrators and personal representatives.

Parent's/Guardian's Initials: \_\_\_\_\_

All medical information obtained through my child's participation in this program will be kept confidential and will not be used or retained by the high school. Once the results have been disclosed to the parent the records will be destroyed.

**THE UNDERSIGNED REPRESENT THAT THEY HAVE CAREFULLY READ AND FULLY UNDERSTAND EACH AND EVERY TERM, CONDITION, AND PARAGRAPH OF THE PROVISIONS CONTAINED IN THIS DOCUMENT.**

Screening Date \_\_\_\_\_ Student's Current School \_\_\_\_\_

Students Name (Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Telephone \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Pediatrician or Primary Care Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_