



ELECTROCARDIOGRAM CONSENT FORM AND RELEASE OF LIABILITY

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 electing an ECG screen provided by **Who We Play For** 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 **Leander ISD** extracurricular activities. By my signature below, I hereby release and forever discharge, and waive, any and all claims against **Who We Play For** and **Leander 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.

_____	_____
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 _____

Who We Play For is offering this heart screening **free** to students this school year due to a generous donation from the **Cody Stephens Go Big or Go Home Foundation**. If you are able, please help **"Pay It Forward"** by making a donation for families experiencing financial hardships to benefit from this program in the future. Please visit <http://whoweplayfor.org/donate> to make a donation.

For more information about heart screening, see www.WhoWePlayFor.org
For more information about Cody's story, please visit www.codystephensfoundation.org

Thank you for participating in this important heart screening!

