



**ELECTROCARDIOGRAM SCREEN (ECG/EKG) CONSENT FORM
AND RELEASE OF LIABILITY
COAHOMA ISD**

An ECG screen (also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac arrest (SCA), an abrupt and unexpected loss of heart function which causes sudden cardiac death if not treated within minutes. An ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac arrest.

By signing below, I am either electing or declining an ECG screen provided by the **COAHOMA Independent School District** for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac arrest may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to perform further testing (e.g. an echo or ultrasound) and/or a medical consultation prior to being released to resume participation in **COAHOMA ISD** athletic programs. By my signature below, I hereby release and forever discharge, and waive, any and all claims against **COAHOMA ISD**, its employees, trustees, consultants, volunteers and contractors that relate to the student's election regarding and/or participation in the ECG screening program. 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 (FERPA) and Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I do hereby **CONSENT** to participation in the ECG screen on behalf of my minor child. *I understand **COAHOMA ISD** is able to offer this screening for **free** this school year due to a generous donation from the **Cody Stephens Go Big or Go Home Foundation**.*

I also understand that I have the opportunity to **"Pay It Forward"** by making a \$15 donation so that families experiencing financial hardships may participate and benefit from this program in the future. Please choose one of the following options:

___ I am able to **"Pay It Forward."** My donation is attached. (Please make checks payable to **Who We Play For**)

___ I am able to make a **partial donation of \$_____**. My donation is attached.

___ I am unable to donate and appreciate the full financial assistance provided by the **Cody Stephens Go Big or Go Home Foundation**.

I **DECLINE** participation in the ECG screen on behalf of my minor child.

Child's Name Printed

Date

Parent/Guardian Name Printed

Parent/Guardian Signature

Parent E-Mail address (**PLEASE PRINT**)

Parent phone #

PARTICIPANT INFORMATION (Please Print)

Student last name: _____ Student first name: _____

Gender: Male ___ Female ___ Race: _____ Birthdate ___/___/___

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

Student Cardiac History (if any): _____

Family Cardiac History (if any): _____

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

ADD/ADHD _____

Asthma medication/inhaler _____

Beta blockers _____

For more information about SCA and heart screening, please visit

www.whoweplayfor.org

Thank you for participating in this important heart screening!



For more information about Cody's story visit

<http://www.codystephensfoundation.org/>

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