ELECTROCARDIOGRAM (ECG) SCREEN CONSENT FORM AND RELEASE OF LIABILITY – Minors

An ECG screen (also referred to as an EKG) can 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 ECG screen may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

By signing below, I am electing an ECG screen provided by **Cypress ECG Project** for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that people with an abnormal ECG screen are strongly encouraged to perform further testing (e.g., an echo or ultrasound) and/or a medical consultation prior to being released to resume athletic participation. By my signature below, I hereby release and forever discharge, and waive, any and all claims against *Cypress ECG Project* and *Lakewood Orthopaedics & Sports Medicine*, their employees, trustees, consultants, volunteers and contractors that relate to my election regarding and/or my child's participation in the ECG screening project. 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 Education Privacy Rights 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 Phone #

_____   _____
Parent/Guardian Name Printed   Parent/Guardian Signature

_____
Parent E-Mail address

Participant Information

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

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

Previous Cardiac Issues (if any)_____

Family Cardiac History (if any)_____

The charge for this service is $15. We accept cash, credit cards or checks made out to Cypress ECG Project.

Thank you!

CYPRESS ECG PROJECT