

# ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

## CAPTAIN SHREVE HIGH SCHOOL 2026-27

An ECG screen (also known 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 screening 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 the The Brandon Goyne Foundation/WhoWePlayFor 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 students with an abnormal ECG screen will be asked to perform further testing (e.g., an echo or ultrasound) and/or a medical consultation. By my signature below, I hereby release and forever discharge, and waive all claims against The Brandon Goyne Foundation/WHOWEPLAYFOR, its employees, trustees, consultants, and contractors that relate to the student's election regarding and/or 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 or that of my minor child. I agree to pay the \$20 fee.

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Students Name Printed

All results to Todd Sharp, Captain Shreve Athletic Director

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Parent/Guardian Name & Cell # PLEASE PRINT

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Parent/Guardian Signature

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Sport(s)

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### Athlete Information

Circle Ethnicity: African American, Black, Asian, Caucasian, White, Hispanic, Native American, Other

Age: \_\_\_\_ Gender: Male / Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_

Previous Cardiac Issues (if yes, please explain) \_\_\_\_\_

Family Cardiac History (if yes, please explain) \_\_\_\_\_

Do you currently take any of the following medications? (Circle any that apply):

ADD/ADHD- Beta Blockers - Asthma medication/inhaler - Cardiac Medications