‘21 – ’22 ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

An ECG screen (sometimes 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.

As per HB 76 of the 86th Texas Legislature a parent can elect to have their child receive an ECG. Cypress Fairbanks currently has an ECG program and will provide a free ECG the first year a student elects to receive one. Any sequential ECG’s will be at the expense of the parents or guardian of the student and done outside of the school. We also ask that if you do an ECG out of the school district, that you share any abnormal results with the school district to ensure the safe participation in athletics of your child.

By signing below, I am either electing or declining an ECG screen provided by the Cypress-Fairbanks 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 death may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to perform further testing (i.e., an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for CFISD activities, at the parent’s expense. By my signature below, I hereby release and forever discharge, and waive, any and all claims against the Cypress-Fairbanks Independent School District, its employees, trustees, consultants and contractors that relate to the student’s election regarding and/or participation in the ECG screening project, and authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in addition to other medical documentation on file in with the school district, and in accordance with the Family Educational Privacy Rights Act and the 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 DECLINE participation in the ECG screen on behalf or that of my minor child.**

_____ _____

Child’s Name Printed Date

X _____

_____

Parent/Guardian Name Printed Parent/Guardian Signature

PARENT E-MAIL ADDRESS_____

INFORMATION

STUDENT ID #:_____ **NAME**_____

AGE: _____ **GENDER:** MALE_____FEMALE_____ **BIRTHDATE:**_____/_____/_____

GRADE:_____ **HT:**_____ **WT:** _____

CIRCLE HIGH SCHOOL ATTENDING 2020-2021:

Cy-Creek	Cy-Fair	Cy-Falls	Cy-Lakes	Cy-Ranch	Bridgeland
Cy-Ridge	Cy-Springs	Cy-Woods ☐	Jersey Village	Langham Creek	Cy-Park

This section to be completed by Athletic Trainer
DATE ECG COMPLETED

_____/_____/_____