

Texas City ISD
ELECTROCARDIOGRAM (EKG) SCREEN

CONSENT FORM AND RELEASE OF LIABILITY

An EKG screen (sometimes also referred to as an ECG) 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 EKG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death. Texas City ISD is offering this screening FREE of charge with the help of Mainland Hospital and the Cody Stephens Foundation.

By signing below, I elect to have a free EKG screen provided to my child by Texas City Independent School District and Mainland Hospital. By electing to receive an EKG screen, I acknowledge the limitations of an EKG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that students with an abnormal EKG 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 for Texas City ISD. By my signature below, I hereby release and forever discharge, and waive, any and all claims against Texas City ISD, its employees, trustees, consultants, and contractors that relate to the student's election regarding and/or participation in the EKG screening project. I authorize medical personnel to review the EKG 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 EKG screen on behalf of my minor child.

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

_____/_____
Child's Name Printed / Date

Height- Weight- Ethnicity- .

Parent/Guardian Name Printed

Parent/Guardian Signature

*Thank you,
The cost of this service is free, thanks to the generous donations from TCISD, Mainland Hospital, and the Cody Stephens foundation.*

