



Parents these forms need to be completed and turned into athletics prior to participation.

ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

(Locations, dates and times on back. NO ECG will be given at any intermediate school)

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.

The screening will be performed at **no cost** to the parent or student. By signing below, I am either electing or declining an ECG screen provided by the Pasadena 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 Pasadena ISD activities at the **expense of the parent/guardian**. **No results** will be released at the screening event. All results will be reviewed and reported directly to the athletic department within 2 weeks.

By my signature below, I hereby release and forever discharge, and waive, any and all claims against the Pasadena 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, the parent of _____ on this day ____/____/20____:

IDO herby consent to participation on the ECG screen on behalf or that of my minor child.

IDECLINE participation in the ECG screen on behalf or that of my minor child.

Parent/Guardian Name Printed Parent/Guardian Signature _____@_____
Parent/Guardian E-Mail Address

Address: City Zip Code _____-_____
Phone

Athlete Demographics:

Ethnicity: Caucasian Hispanic African American Asian Other _____
Student # ID _____ Grade: _____ Age: _____ Birth date ____/____/____
Gender: Male Female Height: _____ Weight: _____
School Attending: Dobie Memorial Pasadena Rayburn South Houston

On the day of testing we ask all females to wear a sports bra and a t-shirt or button down shirt. Please refrain from caffeine on the day of testing. Also, all students will need to BRING your student ID the day of testing.

**Pasadena ISD
Authorization for the Release of Medical Information**

This section to be completed by Athletic Trainer
DATE ECG COMPLETED
_____/_____/_____



The Family Education Right to Privacy Act (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record.

This authorization permits physicians to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties as follows: the athletic trainers, team physicians, and athletic staff (including coaches) of Pasadena ISD. This information included injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that Pasadena ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the head athletic trainer at the respective high school. I understand revocation will not have any effect on actions Pasadena ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Printed Name of Student: _____

Student Signature: _____

Printed Name of Parent: _____

Parent/Guardian Signature: _____

Date: ____/____/____

Location, Dates and Times

(Current 8th graders may attend one of these physicals)

March 29	Rayburn	10:30-3:30
April 26	Pasadena	10:30-3:30
April 27	South Houston	10:00-3:00
May 10	Memorial	10:00-3:00
May 24	Dobie	1:00-4:00