



Consent Form for Student Athlete

Heart Screening

Name of Student: _____ Age: _____ DOB: _____

Sex: M F Grade: _____ School: _____ Sport(s): _____

Parent/Guardian Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

The student athlete named above is registering for a 12 Lead EKG and a Screening Echocardiogram, which is a limited type of diagnostic ultrasound that will provide physicians a view of the heart. The purpose of these exams is to determine whether or not the athlete has a condition known as Hypertrophic Cardiomyopathy (HCM), or enlarged heart. HCM has been determined to be a primary cause of sudden cardiac death (SCD) in young, otherwise healthy athletes. Parents and schools of athletes who are discovered to have HCM during this examination will be notified by mail and the athlete will be referred to their primary care physician for follow-up care.

I understand that the screening questionnaire and tests offered by Screening for Life (S4L) do not diagnose cardiac disease, and that any sign or symptom found means that my child needs further medical evaluation (full history, physical examination and diagnostic testing) to determine the cause of the sign or symptom. Additionally, I understand that S4L will notify me of the findings. I understand that S4L will not provide any further tests or follow-up care without a medical professional order or referral after this screening. I also understand that it is my responsibility to arrange for my child's follow-up care if indicated, and that this screening is not a substitute for a complete pre-activity/athletic competition evaluation of my child's physician.

I give my consent to my child receiving the following screening evaluation:

- **Medical History** – Pre-printed questionnaire- Completed by parents or legal guardian prior to screening day. It is also the responsibility of the parent/student to bring a copy of the athlete's sports physical form.
- **Vital Signs Monitoring** – Clinical staff will obtain blood pressure, height and weight, if needed.
- **Electrocardiogram (ECG/EKG)** – Performed at rest with patches placed on surface of skin. This test maps the rate, rhythm and functions of the heart, and prints a tracing for physician review and interpretation.
- **Echocardiogram** – Performed at rest, an echocardiogram is an ultrasound image created using a Doppler wand across the chest.

NOTE: The section below must be signed by the student athlete's parent or guardian before the screening examinations can be done.

These exams are a screening tool to assist doctors in identifying whether or not my child has a condition called hypertrophic cardiomyopathy or HCM. HCM is a potentially lethal cardiac condition that may affect some adolescents. The screening program is offered to complement, not replace, the student athlete's sports physical. I understand that not all student athletes with sudden cardiac death have HCM, and the echocardiographers, physicians, and other parties involved in Screening for Life cannot be held responsible for any untoward or unexpected outcomes resulting from my child's participation in sports. I am voluntarily allowing my child to participate in this screening program and have read all information provided to me regarding the Protected Health Information/Notice of Privacy Practices.

I have read the information above and hereby give my consent for _____ to undergo
(Name of Student Athlete)

An EKG and Screening Echocardiogram administered by representative of Screening for Life. I understand that my child's school, school district, or its staff, and the city and county in which the school is located are not liable or responsible for the administration of or the interpretation of the test. All parents or guardians must sign and date below.

Signature of Parent/Guardian

Date

STUDENT ATHLETE CONSENT

I am a willing participant in the Student Athlete Heart Screening Program offered by Screening for Life, LLC.

Signature of Student Athlete

Date