



## GALENA PARK ISD

### Electrocardiogram Screen (ECG) Consent Form and Release of Liability

**PARENTS: THESE FORMS MUST BE COMPLETED AND RETURNED TO THE ATHLETIC TRAINER PRIOR TO PARTICIPATION IN PRACTICES OR GAMES.**

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 consenting to or declining an ECG screen provided by the Galena Park 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 at the **expense of the parent/guardian** prior to being released to resume participation in Galena Park ISD activities. **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 Galena Park Independent School District, its employees, trustees, consultants and contractors that relate to the student's election regarding participation in the ECG screening project, and agree to indemnify Galena Park Independent School District, its employees, trustees, consultants and contractors for any claims brought against them on behalf of the student athlete who participates in the ECG screening or related to the student's/parent's election regarding participation in the ECG screening project. I also 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 with the school district, and in accordance with the Family Educational Rights and Privacy ACT (FERPA) and the Health Insurance Portability and Accountability Act of 1996.

I, the parent of \_\_\_\_\_, on this day \_\_\_\_/\_\_\_\_/20\_\_\_\_:  
Print name: First Middle Last

- ☐ **DO** hereby consent to participation in the ECG screen on behalf of my minor child.  
☐ **DECLINE** participation in the ECG screen on behalf of my minor child. [If you decline participation, it is not necessary to complete the demographic information below.]

_____ Parent/Guardian Name, Printed	_____ Parent/Guardian Signature	_____ Parent/Guardian E-Mail Address
_____ Address	_____ City	_____ Zip Code
_____ Cell Number	_____ Home Number	_____ Work Number

**STUDENT ATHLETE DEMOGRAPHICS:**

Student # ID \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender: Male ☐ Female ☐ Height \_\_\_\_\_ Weight \_\_\_\_\_ Last four digits of Social Security # \_\_\_\_\_  
School Attending: North Shore High ☐ Galena Park High ☐

**All students will need to BRING their student ID the day of testing, and please refrain from caffeine. Female students are asked to wear a sports bra and a t-shirt or button down shirt.**



## Galena Park ISD

### Authorization for the Release of Medical Information

The Family Educational Rights and 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 as well as Galena Park ISD authorized personnel to receive and disclose information concerning the student athlete's medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information, including results of the ECG (assuming consent has been granted) to the authorized Galena Park ISD parties as follows: the athletic trainers, team physicians, and athletic staff (including coaches). This information includes injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to discuss and to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning the student's athlete's medical condition and any injuries or illnesses.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect the student athlete's ability to obtain treatment. I also understand that if I refuse to sign this authorization but I have signed permission for the student athlete to receive the ECG, the ECG (and other diagnostic tests for which consent was granted) will be conducted but Galena Park ISD staff will not obtain any results of the ECG or other diagnostic tests. I or the adult student athlete may inspect or copy any information disclosed under this authorization.

I understand that I/adult student athlete 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 Galena Park ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Student ID#: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_