



Electrocardiogram (ECG) Opt Out Form

As voted on by Volusia County School Board, April 27, 2021, as part of the high school athletic packet, The School Board of Volusia County, Florida is **requiring** each student athlete wishing to participate in high school athletics, to have an electrocardiogram (ECG) screening prior to participating in their first athletic sport. A parent may choose to opt out of the ECG requirement by having a Pediatric Cardiologist or their Primary Care Physician complete the information below.

Date: _____ Student's Name: (Print) _____

Name of School: _____

Sex: _____ Date of Birth: _____ Age: _____ Grade: _____ Student ID #: _____

I decline participation in the ECG screening on behalf of my child although I understand an ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death. I understand this opt out form **must** be signed by a Pediatric Cardiologist or my Primary Care Physician below.

Cardiac Clearance:

(To be completed by a Pediatric Cardiologist or Primary Care Physician)

Student athlete listed above is under my care and I am signing below that they do not need an ECG.

Date: _____

Doctor Initials: _____

(Print Name)

(Signature)

Name of Office: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Parent/Legal Guardian Name Printed

Parent/Legal Guardian Signature

Parent/Legal Guardian Phone #



04/27/2022

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