

ELECTROCARDIOGRAM CONSENT FORM

Pharr–San Juan–Alamo ISD

Pharr-San-Juan-Alamo ISD is offering heart screenings for \$10.00. An electrocardiogram (ECG or EKG) screen can help identify students who are at risk for sudden cardiac arrest (SCA), a condition where death can result from the abrupt loss of heart function. An ECG screen may assist in diagnosing several different heart conditions that may contribute to SCA.

By signing below, I am either electing or declining an ECG screen provided by the Pharr-San Juan Alamo ISD for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that SCA or other cardiac events may still occur despite this screen. I acknowledge that students with an abnormal ECG will be required to follow up with a physician prior to being released for participation in Pharr-San Juan-Alamo ISD extracurricular activities.

By my signature below, I hereby release and forever discharge and waive any and all claims against the Cody Stephens Go Big or Go Home Memorial Foundation and the Pharr-San Juan-Alamo ISD, their employees, trustees, consultants, volunteers, and contractors that relate to my election regarding and/or my child's participation in, the ECG screen. I authorize medical personnel to review ECG results and interpret and use the same for diagnostic and aggregated statistical purposes in accordance with the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

Student Name _____ PSJA ID # _____

☐

I DO CONSENT to participation in the ECG screen on behalf of my child

Cost for the screen is \$10.00 cash only

☐

I DO NOT CONSENT to participation in the ECG screen on behalf of my minor child

Parent/Guardian Name (print) _____ Date _____

Parent/Guardian Signature _____ Phone _____

Student Information – Only for students getting the EKG

Male ☐ Female ☐ Grade _____ Race _____ Date of Birth _____

Height _____ Weight _____ Sport(s) _____

Student cardiac history (if any) _____

Family cardiac history (if any) _____

Does student take any medication for the following? ADHD/ADD ☐ Asthma/Inhaler ☐ Heart-related ☐ Seizure ☐

If yes, please list _____



Please answer the following questions:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever experienced chest pain or discomfort with exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever passed out or nearly passed out? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had excessive shortness of breath or fatigue with exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been told you have a heart murmur? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone in your family have genetic or heart arrhythmia problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has anyone in your family under age 50 died suddenly or unexpectedly from heart disease? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has anyone in your family under age 50 been disabled from heart disease? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had restriction from sports participation because of your heart? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a physician order a heart test for you? |

If you have any questions or concerns about answering these questions, please ask the screening staff during the physical.