

**ANDRA HEART FOUNDATION ECG SCREENING
RESPONSE FORM AND WAIVER
MAIL OR RETURN THIS FORM BY SCREENING DATE**

Student Name: _____ **Date of Birth:** _____

Sex: _____ **Height:** _____ **Weight:** _____ **Age:** _____

Race: ☐ Caucasian ☐ Asian ☐ African American/Black ☐ Hispanic/Latino ☐ Multiple races (mark all that apply)
☐ American Indian ☐ Alaskan Native ☐ Native Hawaiian ☐ Pacific Islander

Does your child participate in any of the following sports? No ____ Yes ____ Please circle all that apply:

1 - Baseball/Softball	6 - Football	11 - Soccer	16 - Wrestling
2 - Basketball	7 - Golf	12 - Swimming	17 - Other _____
3 - Cheerleading/POMs	8 - Gymnastics	13 - Tennis	
4 - Dance	9 - Hockey	14 - Track and Field/Cross Country	
5 - Diving	10 - Lacrosse	15 - Volleyball	

**** Contact Information for Results (please print)**:**

MAILING address: _____ **City:** _____ **Zip:** _____

Telephone: _____ **Telephone 2:** _____ **Parent's E-mail Address:** _____

I GIVE permission _____ or DO NOT give permission _____

for my child, (Insert Student Name) _____, to participate in the Andra Heart Foundation ECG Screening in which my child **will receive an electrocardiogram, and may receive an echocardiogram**. An electrocardiogram (also known as EKG or ECG) is a non-invasive test that measures the electrical activity of the heart and can detect some, but not all, heart abnormalities leading to sudden cardiac death. An EKG can sometimes indicate the presence of abnormalities which later testing determines are within normal limits. An echocardiogram is a type of ultrasound that can further evaluate the structure of the heart.

There is no medical risk associated with receiving an EKG. There is a possibility of minor skin irritation and redness where the electrodes were placed. *Check here if your child has an allergy to adhesive or latex ____ (Note that the stickies used for the screening are latex free.)*

I understand that my child's participation in Andra Heart Project ECG Testing is intended to identify heart abnormalities which may affect his/her health during physical activities. I understand that Andra Heart Foundation volunteers are merely conducting an ECG on my child, and will not be performing any type of medical examination or assessment of my child. **I assume all risks** associated with my child's participation in the ECG Screening. All such risks being known and appreciated by me, and having read this **waiver**, I hereby for myself, heirs, executors, and administrators **waive any and all claims** I may have for damages against Northwest Fire District, Flowing Wells Unified School District, Diamond Children's Medical Center, the Andra Heart Foundation, and any and all individuals associated with this screening, their heirs, representatives and successors, and assignees for any and all injuries suffered by my child in connection with this screening, even though that liability may arise out of negligence or carelessness on the part of those named in this **waiver**.

I understand that Northwest, Diamond Children's and Andra Heart Foundation shall use best practice standards to keep my child's health information confidential pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its related Rules and Regulations and other state laws. I understand de-identified health information may be used in cardiac research.

I grant permission for my child to be photographed, or appear in a recording of this event for any legitimate purpose consistent with applicable state and federal laws, including HIPAA and FERPA. ____ Yes ____ No

I acknowledge that I have read this ECG Screening Form and Waiver and understand the risks associated with my child's participation in the Andra Heart Foundation's ECG Screening Program.

X _____	X _____	_____	_____
Name of Parent or Guardian (Please Print)	Parent/Guardian Signature	Relationship	Date

***If 18 or older, you may register yourself. Please complete the cardiac health history form.**