



# ELECTROCARDIOGRAM CONSENT FORM AND RELEASE OF LIABILITY

## LAMESA ISD

An electrocardiogram (ECG or EKG) screen can help identify young athletes who are at risk for Sudden Cardiac Arrest (SCA), a condition where death can result from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to SCA. **If your child is already under physician care for a heart-related condition, please do not participate in this screening. Your doctor's opinion and advice overrule a screening result.**

By signing below, I am either electing or declining an ECG screen provided by **Lamesa 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 screening. I further acknowledge that students with an abnormal ECG will be required to undergo further testing (e.g., an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for **Lamesa ISD** extracurricular activities, and I understand I will be financially responsible for further testing. By my signature below, I hereby release and forever discharge, and waive, all claims against **Lamesa ISD** and the Cody Stephens Go Big Or Go Home Memorial Foundation, their employees, trustees, consultants, volunteers, and contractors that relate to my election regarding and/or my child's participation in the ECG screening. I authorize medical personnel to review the ECG results and interpret and use the same for diagnostic and aggregated statistical purposes in accordance with the Family Educational Rights and Privacy Act and Health Insurance Portability and Accountability Act of 1996. In the event my child has an abnormal finding, I allow **Lamesa ISD** to provide a copy of this form to the Cody Stephens Foundation for informational contact purposes only.

I DO hereby **CONSENT** to participation in the ECG screen on behalf of my minor child. **Thanks to the generosity of LISD Administration, I understand this screening is offered to my LISD student FREE.**

**I understand if my child does not attend LISD the cost is \$20 per student, payable as cash or check to LISD ECG.**

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

\_\_\_\_\_  
Child's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian E-Mail address (Please print)

\_\_\_\_\_  
Parent/Guardian Phone #

### Participant Information

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Race: \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Sport: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

Student Cardiac History (if any): \_\_\_\_\_

Family Cardiac History (if any): \_\_\_\_\_

Does student currently take any of the following medication? (Mark all that apply):

ADD/ADHD \_\_\_\_\_ Asthma medication/inhaler \_\_\_\_\_ Beta Blockers \_\_\_\_\_ Heart-related \_\_\_\_\_

For more information about Cody's story, the foundation formed in his name, or heart screening in general, see

[www.codystephensfoundation.org](http://www.codystephensfoundation.org)

Thank you for participating in this important heart screening!



## ELECTROCARDIOGRAM CONSENT FORM AND RELEASE OF LIABILITY

During the screening, you will be asked the following questions. Please be sure to ask the screening staff or volunteers if you have any questions or concerns about answering them.

- |                                                                                                                                                                              |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| ➤ Have you ever experienced chest pain or discomfort with exercise?                                                                                                          | <b>Yes    No</b> |
| ➤ Have you ever passed out or nearly passed out?                                                                                                                             | <b>Yes    No</b> |
| ➤ Have you ever had excessive shortness of breath or fatigue with exercise?                                                                                                  | <b>Yes    No</b> |
| ➤ Have you been told you have a heart murmur, even as a baby?                                                                                                                | <b>Yes    No</b> |
| ➤ Have you had high blood pressure?                                                                                                                                          | <b>Yes    No</b> |
| ➤ Does anyone in your family have genetic heart problems (WPW, Marfan Syndrome, HCM, Long QT, etc.) or heart arrhythmia problems (pacemaker, implanted defibrillator, etc.)? | <b>Yes    No</b> |
| ➤ Has anyone in your family under the age of 50 died suddenly or unexpectedly (including drowning, sudden infant death syndrome, etc.)?                                      | <b>Yes    No</b> |
| ➤ Has anyone in your family under the age of 50 been disabled from heart disease?                                                                                            | <b>Yes    No</b> |
| ➤ Have you had a prior restriction from participation in sports <i>because of your heart</i> ?                                                                               | <b>Yes    No</b> |
| ➤ Have you had a physician order a heart test for you?                                                                                                                       | <b>Yes    No</b> |
| ➤ Have you been exposed to someone with COVID-19 infection in the last 14 days?                                                                                              | <b>Yes    No</b> |
| ➤ Have you been diagnosed or tested positive for COVID-19 infection?                                                                                                         | <b>Yes    No</b> |
| ○ If yes, during the infection did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath?          | <b>Yes    No</b> |
| ○ Since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance?                        | <b>Yes    No</b> |