



McALLEN

INDEPENDENT SCHOOL DISTRICT

Career and Technology Health Science Technology Program EKG/ECG Course Consent for Electrocardiogram (EKG/ECG)

I, _____, volunteer to have the following student, _____, do an electrocardiogram (EKG/ECG) on me as part of their clinical practice.

I understand that this procedure is not an invasive procedure and has minimal complications that may include minor skin discomfort and irritation from the electrodes.

I understand that I must be 18 years of age or older and have provided a valid picture ID for age verification to the Teacher prior to the electrocardiogram (EKG/ECG) procedure.

By signing below, I am agreeing to all the above and authorize the above student to do an electrocardiogram (EKG/ECG) on me. I release McAllen Independent School District, including its facilities and staff, from any liability for any injury or complication that may result from any and/or all activity occurring during this clinical practice sessions.

Signatures:

Volunteer: _____ Date: _____

Student: _____ Date: _____

Parent: _____ Date: _____

Teacher: _____ Date: _____