

Parent/Guardian Consent Form

EKG/ECHO Screening for November 19, 2011

Athlete/Student Name: _____ Date of Birth _____

Current Grade: _____ Home Phone: _____ Cell Phone: _____

School Sports Played: _____

Non-School Sports Played: _____

Has the athlete named above ever had, or currently have, any of the following heart related conditions:	
a. Restriction from sports for heart problems?	Y / N / Don't Know
b. Chest pain or discomfort?	Y / N / Don't Know
c. Heart murmur?	Y / N / Don't Know
d. High blood pressure?	Y / N / Don't Know
e. Elevated cholesterol level?	Y / N / Don't Know
f. Heart infection?	Y / N / Don't Know
g. Dizziness or passing out during or after exercise without known cause?	Y / N / Don't Know
h. Has a provider ever ordered a heart test (EKG, echocardiogram, stress test, Holter monitor)?	Y / N / Don't Know
i. Racing or skipped heartbeats?	Y / N / Don't Know
j. Unexplained difficulty breathing or fatigue during exercise?	Y / N / Don't Know
k. Any family member (blood relative):	
(1). Under age 50 with a heart condition? (WHO)	Y / N / Don't Know
(2). With Marfan Syndrome?	Y / N / Don't Know
(3). Died of a heart problem before age 50? If yes, at what age? (WHO)	Y / N / Don't Know
(4). Died with no known reason?	Y / N / Don't Know
(5). Died while exercising? If yes, was it during or after? (Circle one.)	Y / N / Don't Know
Explain all YES answers here (include relevant dates):	

CONSENT

I/we hereby give consent to my son/daughter to participate in the voluntary EKG/ECHO screenings. I/we acknowledge that the EKG is the same as one would get at a hospital, while the ECHO exam would be focused on detecting Hypertrophic Cardiomyopathy (HCM) only. I/we acknowledge that these are screenings and should not be construed as a complete cardiac evaluation. I/we acknowledge that in the event that the screening picks up any abnormality, the athlete will not be medically cleared to play a sport or participate in gym or other physical activities until the high school nurse receives a note from a cardiologist clearing the student to play. I/we hereby give the private provider conducting the screenings permission to release the student's medical information to the student's School District. I/we hereby give the private provider conducting the screenings permission to confer with the school district's medical staff regarding the results of the student's screening.

Signature of Parent or Guardian

Date

Please hand deliver this consent form and payment for \$70.00 made out to CSYA (Cardiac Screening for Young Adults) directly to a NHHS School Nurse prior to November 18, 2011. A scheduled time will be given to you upon this delivery.

 Nurse's use only

Date of screening: _____ Time: _____