



# RAM CONSENT FORM AND RELEASE OF LIABILITY

## Goose Creek CISD

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 **Goose Creek CISD** 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 **Goose Creek CISD** extracurricular activities, and I understand I will be financially responsible for that testing. By my signature below, I hereby release and forever discharge, and waive, any and all claims against **Goose Creek CISD** 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 **Goose Creek CISD** 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. This is a **FREE screening for all 6<sup>th</sup>-12<sup>th</sup> graders who attend physicals, paid for by Goose Creek CISD.**
- ☐ 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 \_\_\_\_\_ Heart-related \_\_\_\_\_ Seizure \_\_\_\_\_

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!



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**Please circle Yes or No as the questions relate to you.  
Be sure to ask the screening staff or volunteers if you have any  
questions or concerns about answering them.**

**Name:** \_\_\_\_\_

- Have you ever experienced chest pain or discomfort (heart pounding, etc.) with exercise? YES NO
- Have you ever fainted, nearly fainted or experienced dizziness during or after exercise? YES NO
- Have you ever had *unexplained, excessive* shortness of breath or fatigue with exercise? YES NO
- Have you been told you have a heart murmur, even as a baby? YES NO
- Have you had high blood pressure? YES NO
- Does anyone in your family have genetic heart problems (WPW, Marfan, HCM, Long QT, etc.) or heart arrhythmia problems (A-Fib, pacemaker, implanted defibrillator, etc.)? YES NO
- Has anyone in your family under the age of 50 died suddenly or unexpectedly (including drowning, sudden infant death syndrome, etc.)? YES NO
- Has anyone in your family under the age of 50 been disabled from heart disease? YES NO
- Have you had a prior restriction from participation in sports because of your heart? YES NO
- Have you had a physician order a heart test for you (ECG/EKG, echo, stress test, etc.)? YES NO