

THE BRANDON GOYNE FOUNDATION: "PAY IT FORWARD" PROGRAM



THE BRANDON GOYNE FOUNDATION/ WHO WE PLAY FOR

ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

An ECG screen (also known as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

By signing below, I am either electing an ECG screen provided by Mt. Enterprise ISD in partnership with The Brandon Goyne Foundation / WHOWEPLAYFOR. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to perform further testing (e.g., an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for athletic teams. By my signature below, I hereby release and forever discharge, and waive, all claims against MEISD, The Brandon Goyne Foundation /WHOWEPLAYFOR, its employees, trustees, consultants, and contractors that relate to the student's election regarding and/or participation in the ECG screening project. 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 Education Privacy Rights Act and Health Insurance Portability and Accountability Act of 1996.

I DO HEREBY CONSENT to participation in the ECG screening on behalf or that of my minor child. I understand this is a PAY IT FORWARD PROGRAM for this service. In addition, I would like to donate \$_____ to continue the mission for FREE EKGs for all students.

STUDENTS NAME PRINTED

SCHOOL

Parent/Guardian Name Printed

Parent/Guardian Signature

Circle Ethnicity: African American, Black, Asian, Caucasian, White, Hispanic, Native American, Other

Age: ____ Gender: Male / Female Birthdate: ____/____/____ Height: ____ Weight: ____

Previous Cardiac Issues (if yes, please explain) _____

Family Cardiac History (if yes, please explain): _____

Do you currently take any of the following medications? (Circle any that apply):

ADD/ADHD- Beta Blockers - Asthma medication/inhaler - Cardiac Medications

THE BRANDON GOYNE FOUNDATION: “PAY IT FORWARD” PROGRAM

14-Step Screening American Heart Association

PLEASE CIRCLE YES OR NO AS IT PERTAINS TO YOU PERSONALLY

1. Chest pain/discomfort upon exertion YES / NO
2. Unexplained fainting or near-fainting YES / NO
3. Excessive and unexplained fatigue associated with exercise YES / NO
4. Heart murmur YES / NO
5. High blood pressure YES / NO
6. ANY relative died of heart disease (sudden/unexpected /otherwise) before age 50
Y / N
7. Close relative under age 50 with disability from heart disease YES / NO
8. Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy in which the heart cavity or wall becomes enlarged, long QT syndrome which affects the heart’s electrical rhythm, Marfan syndrome in which the walls of the heart’s major arteries are weakened, or clinically important arrhythmias or heart rhythms. YES / NO
9. Heart murmur YES / NO
10. Physical appearance of Marfan syndrome YES / NO
11. If individual has been restricted from participation in sports in the past YES / NO
12. Has had prior testing for the heart, ordered by a health care provider YES / NO