

**NICKLAUS CHILDREN’s Electrocardiogram Screening**

**Assessment Form**

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Past Medical History** | **Yes** | **No** |
| 1. Has your child ever fainted or passed out **during** or **after** exercise, emotion  or startle? |  |  |
| 2. Has your child had extreme shortness of breath during exercise? |  |  |
| 3. Has your child had extreme fatigue associated with exercise (different from  other children)? |  |  |
| 4. Has your child had discomfort, pain, or pressure in his/her chest during  exercise? |  |  |
| 5. Has your doctor ever ordered a test for your child’s heart? |  |  |
| 6. Has your child ever been diagnosed with an unexplained seizure disorder? |  |  |
| 7. Has your child ever been diagnosed with exercise-induced asthma not well  controlled with medication? |  |  |

|  |  |  |
| --- | --- | --- |
| **Family History** | **Yes** | **No** |
| 1. Are there any family members who had a sudden, unexpected, unexplained  death before age 50? (including SIDS, car accident, drowning, others) |  |  |
| 2. Are there any family members who died suddenly of “heart problems”  before age 50? |  |  |
| 3. Are there any family members who have had unexplained fainting or seizures?  |  |  |
| 4. Are there any family members with certain conditions such as: |  |  |
|  Enlarged Heart: Hypertrophic Cardiomyopathy (HCM) |  |  |
|  Dilated Cardiomyopathy (DCM) |  |  |
|  Heart Rhythm problems: Long QT syndrome (LQTS) |  |  |
|  Short QT syndrome |  |  |
|  Brugada syndrome |  |  |
|  Catecholaminergic ventricular tachycardia |  |  |
|  Arrhythmogenic right ventricular dysplasia (ARVD) |  |  |
|  Marfan syndrome (aortic rupture) |  |  |
|  Heart attack, age 50 or younger |  |  |
|  Pacemaker or implanted defibrillator |  |  |
|  Deaf at birth (congenital deafness) |  |  |

**Please explain more about any “yes” answers:**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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



**ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY**

An Electrocardiogram (“ECG”), sometimes referred to as an EKG is a test that checks for problems with the electrical activity of the heart. It translates the heart’s electrical activity into line tracings on paper. An ECG screen can help identify young athletes who may be at risk for sudden cardiac death, a condition where death results from a sudden loss of heart function and therefore may help in diagnosing several different heart conditions that may contribute to sudden cardiac death.

By signing below, I am either electing or declining an ECG screen provided by Nicklaus Children’s Hospital for my child. By choosing to receive an ECG screen, I acknowledge the limitations of an ECG screen and understand that sudden cardiac death may still occur, despite this screening. I also understand that there may be other conditions or abnormalities that are not shown by an ECG. I further acknowledge that students with an abnormal ECG screen may be required to perform additional testing **(i.e., an echo or ultrasound)** and /or a medical consultation before being allowed to participate in athletic activities or school sports. ECG screening will be read by a Nicklaus Children’s Cardiologist and results will be emailed to the patient’s email provided. Any positive results will be followed up within 72 hours by the Nicklaus Children’s Cardiology Department with the parent. I also understand that the results are available at the Medical Records Department of Nicklaus Children’s Hospital. **In order to ensure that my child’s school representative (teacher, athletic director, or administrator) is aware of his or her eligibility to participate in school-sponsored athletics, I hereby authorize Nicklaus Children’s to share the results of my child’s ECG with the appropriate representative of my child’s school.**

I understand that any follow-up care, treatment and/or procedures for my child as well as any cost of additional follow-up care, treatment and/or procedures are my responsibility and not the responsibility of Nicklaus Children’s nor of the physicians evaluating my child’s ECG.

By signing below, I hereby release and forever discharge, and waive, any and all claims against Nicklaus Children’s Hospital, its employees, physicians, administrators, director’s, consultants and contractors and any and all persons related to my child’s election regarding and/or participation in the ECG screening, and authorize medical personnel to perform the ECG, review the ECG results, and interpret and use them for diagnostic purposes in accordance with the Health Insurance Portability and Accountability Act of 1996 and other state laws.

I certify that I have read and fully understand the above Consent and Release of Liability and that all of my questions have been answered to my satisfaction.

***Please check and fill out only ONE of the boxes below:***

\_\_\_\_\_ **I do hereby consent to participation in the ECG screen on behalf or that of my minor child**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Printed Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Child’s Name**/School Name** **(Printed)** Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

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City/Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Business Phone Cell Phone

Circle sport(s) you plan to participate in.

Baseball Basketball Bowling X-Country Football Golf Lacrosse

Soccer Softball Swimming & Diving Tennis Track & Field Volleyball Water Polo

Wrestling Cheer Dance Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ **I decline participation in the ECG screen on behalf or that of my minor child.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Printed Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Child’s Name Printed