



MISSOULA CATHOLIC SCHOOLS

ECG Informed Consent

/ Liability Waiver Form



ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

Parents and schools have generally relied on well-child exams and sports exams to determine the risk of sudden cardiac death for student athletes. There is new information that the combination of a thorough history, physical exam, and ECG is superior to a history and physical exam alone in determining the risk of sudden death. An ECG screen (sometimes also referred to as an EKG) may 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 screen may also assist in diagnosing several different heart conditions that may contribute to sudden cardiac death. An ECG screen will not prevent sudden cardiac death, but may identify patients that should be more closely examined for an undiagnosed heart condition.

At this time, the MHSAA does not require that an ECG be performed prior to playing sports. However, it is the recommendation of Loyola Sacred Heart High School that all student athletes have an ECG. It is the parent who must make the final decision about whether or not an ECG will be performed on their child. An ECG does not substitute for a pre-participation exam or regular well check, but instead supplements those exams. A thorough history and physical exam, plus an ECG will not identify all children at risk for sudden cardiac death, but does identify more than a history and physical examination alone.

By signing below, I am either electing or declining an ECG screen for my child. By electing to obtain 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 undergo further testing and/or a medical consultation prior to being released for participation in school sports and athletic programs at Loyola Sacred Heart High School.

By my signature below, I hereby release and forever discharge, and waive, any and all claims against Missoula Catholic Schools, Loyola Sacred Heart High School, St. Joseph's Elementary, and the Diocese of Helena and their employees, trustees, consultants, and contractors that relate to the election regarding and/or participation in an ECG screening.

PLEASE CHECK:

_____ I certify that I have read and that I understand this informed consent.

_____ I **consent** to an ECG exam for my child.

_____ I **decline** an ECG exam for my child.

_____ My child has passed a previous ECG on this date (____/____/____) with the following medical provider(s):_____.

Name of Child: (please print) _____

Date: _____

Parent / Guardian Signature(s): _____

Parent / Guardian Printed Name(s): _____
