

**YOUNG HEARTS FOR LIFE™CARDIAC SCREENING PERMISSION FORM AND WAIVER
WILLOWBROOK HIGH SCHOOL, MARCH 11-12, 2010**

**Please visit http://www.mhcfoundation.org/younghearts/YH_enroll.php to register your child by 2/25/10.
If you do not have email access, please return this form to the school by 2/25/10.**

Student Name: _____ **Student ID#** _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

Race: American Indian Alaska Native Asian African American
 Native Hawaiian Pacific Islander Caucasian Hispanic/Latino

Does your child participate in any of the following sports? 1 – Yes _____ 2 – No _____

Please circle all that apply:

Baseball/Softball	Football	Martial Arts	Ultimate Frisbee
Basketball	Golf	Skiing	Volleyball
Biking	Gymnastics	Soccer	Weight Lifting
Cheerleading	Hockey	Swimming	Wrestling
Dance	Lacrosse	Tennis	Other: _____
Diving	Marching Band	Track and Field	

Home Address: Street _____ Town _____ Zip Code _____

Telephone: _____

E-mail Address (for results): _____

Pediatrician or Primary Care Physician Name: _____ Telephone: _____

I, **(please check one)** **GIVE** permission _____ **DO NOT** give permission _____
for my child, (Insert Student Name) _____, to participate in the Young Hearts for Life™ Cardiac Screening in which my child **will receive an electrocardiogram**, and **may receive an echocardiogram**. An electrocardiogram (also known as EKG or ECG) is a non-invasive test that measures the electrical activity of the heart and can detect certain heart abnormalities leading to sudden cardiac death. An echocardiogram is a non-invasive test that uses sound waves to create a moving picture of the heart that can detect heart abnormalities.

I understand that my child's participation in the Young Hearts for Life™ Cardiac Screening is intended to identify heart abnormalities which may affect their health during physical activities. I assume all risks associated with my child's participation in the Cardiac Screening. All such risks being known and appreciated by me and having read this waiver I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against Midwest Heart Foundation, Midwest Heart Community Foundation, Midwest Heart Specialists, Willowbrook High School, and any and all individuals associated with this screening, their heirs, representatives and successors, and assignees for any and all injuries suffered by my child in connection with this screening even though that liability may arise out of negligence or carelessness on the part of those named in this waiver.

I understand that Midwest Heart Foundation, Midwest Heart Community Foundation, Midwest Heart Specialists, Willowbrook High School will make their best efforts to keep my child's health information confidential pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its related Rules and Regulations and other state laws. In the event my child's EKG result indicates that further evaluation is needed, Midwest Heart Community Foundation may contact me for additional information.

I grant permission to all the foregoing to use any photographs, recordings or any other record of this event for any legitimate purpose consistent with HIPAA and its related Rules and Regulations and other state laws. _____ Yes _____ No

I acknowledge that I have read this Permission Form and Waiver and understand the risks associated with my child's participation in the Young Hearts for Life™ Cardiac Screening.

Name of Parent or Guardian (Please Print) **Parent/Guardian Signature** **Relationship** **Date**