Consent Form For Big Spring Heart Screening

Print Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You, the undersigned, give consent for your child to voluntarily participate in the Heart Screening hosted by** The Peyton Walker Foundation hereinafter referred to as "Screening Organization") as described in this Informed Consent Form. You understand that the Heart Screening will consist of an electrocardiogram (ECG) and a medical history form. Other exams may be conducted: blood pressure, height and weight, auscultation (murmurs), and/or an echocardiogram (ECHO). The Heart Screening is not intended to serve as formal clearance for sports participation. Clearance for sports must be obtained from your child's physician.

**Part One: Definitions**

An **electrocardiogram** is a non-invasive test that measures the electrical activity of the heart and can detect certain heart abnormalities leading to sudden cardiac death. Your child will have twelve stickers (electrodes) placed on his/her chest, arms and legs. These stickers are connected to wires and the wires are connected to the EKG machine. It will read the electrical activity of your child's heart.

An **echocardiogram** is a non-invasive test that uses sound waves to create a moving picture of the heart that can detect heart abnormalities. This test is only used if the medical team wants to take a closer look at your child's heart. This test requires a small amount of gel to be placed on your child's chest. The medical practitioner rubs a wand on your child's chest to obtain an image of the heart. It is very similar to a pregnancy sonogram.

**Part Two: About the Screening**

The Heart Screening is administered by health professionals, which may include cardiologists, pediatricians, family doctors, technicians and nurses. The results from the EKG and ECHO (if completed) are interpreted by licensed and qualified medical professionals. You acknowledge that the Heart Screening does not establish a treatment relationship between your child and Screening Organization or the licensed healthcare providers administering the Heart Screening for and on behalf of the Screening Organization.

**Part Three: Your Responsibilities**

You agree to complete a **medical history form** on behalf of your child that will be reviewed by the medical team performing the Heart Screening. Many of the conditions that lead to sudden cardiac arrest and death are genetic and have warning signs. Therefore, You acknowledge and agree that the information contained in your child's medical history form is a very critical piece to the screening process. The information that You provide on the accompanying forms will be complete and correct to the best of your knowledge.

You will receive the Heart Screening results when you leave today. You understand and acknowledge that your child's heart is growing, and that his/her heart is changing too. As such, You acknowledge that the information You receive from the Heart Screening reflects the condition of your child's heart **today**. It does not constitute a conclusive diagnosis of your child's heart health or physical condition, and is not intended to serve as a replacement for treatment and checkups with your child's primary care physician or other provider.

You will continue to monitor your child's heart and become familiar with the warning signs and symptoms of sudden cardiac arrest. You acknowledge and agree that it is your duty to provide and discuss any abnormal results with your child's physician as soon as possible and/or follow up with a pediatric cardiologist.

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WWrWWRite Write your initials to acknowledge your responsibility contained in the paragraph above

**Part Four: Medical Research Participation**

The data we collect from the screening may be reviewed by researchers, but only after the data is de-identified (made anonymous).

The data collected today may include medical history, EKG and/or ECHO exams, blood pressure measurement, weight and height, and heart sounds. This data is kept confidential and protected.

By participating in the Heart Screening, You consent to having your child's medical information that is obtained during the Heart Screening, used and disclosed anonymously for research as described above. Your child's identity will remain anonymous, and other identifiable personal information will be kept confidential. You understand that the research will not directly benefit your child but may help children in the future.

You acknowledge that you are not required to give your consent to these research uses and disclosures, and may withdraw this consent at any point in time up until the Heart Screening is performed. However, you acknowledge that if you withdraw or do not give your consent, your child will not be able to participate in the Heart Screening. There is no penalty or cost if your child does not participate or you withdraw your consent.

You hereby authorize the Screening Organization to collect, use and release your child's de-identified medical information for the research purposes identified above.

**Part Five: Confidentiality**

Federal regulations require that certain information about individuals be kept confidential. This information is called "protected health information" (PHI).

The following information may be provided for research:

Study data for analysis: medical and family history information provided by parent or guardian prior to the Heart Screening.
Demographic data: date of birth, gender and race.
Other: blood pressure, height, weight, heart sounds, EKG and/or Echo, as collected at the Heart Screening.

There is no expiration date for the use of your child's PHI.

The information from this study may be published in scientific journals or presented at scientific meetings but no one will be personally identified in these publications and presentations.

**Part Six: Media Release**

You grant the Screening Organization permission to use any photographs, video and/or audio taken of your child during the Heart Screening for the purpose of fulfilling its mission — to raise awareness about sudden cardiac arrest and death in children. You understand that the Screening Organization will not use the identity of your child — only his/her image. You acknowledge and understand that all media, including photographs, videos and recordings are the property of the Screening Organization. You also grant Screening Organization permission to add you to its email list, which will be used to provide you with updates related to this screening and about the organization's future endeavors. You understand that You can opt out at any time from the emails.

**Part Seven: Release of Liability**

You understand and acknowledge that this Heart Screening is being provided free of charge by the Screening Organization. It organizes volunteer medical professionals and lay people to administer the Heart Screening and is not intended as treatment or provision of health care. In order for your child to participate in the Heart Screening, You, on behalf of yourself, your child(ren), spouse, heirs, executors, administrators and representatives, HEREBY RELEASE WAIVE AND DISCHARGE the Screening Organization, the independent health care personnel and volunteers who are conducting or participating in this Heart Screening, the school, the school district, and any vendors, sponsors, their officers, directors, employees, agents, volunteers, and representatives, from and against any and all claims, demands, damages, and other losses or liability, including but not limited to personal injury, illness or death arising out of or related to your child's participation in this Heart Screening, whether as a result of negligence or otherwise. The above statement does not apply to use of your child's data for research purposes and you are not giving up your child's rights in regard to research.

By signing your name, you acknowledge that you have carefully read and understand this Consent and Waiver, have had the opportunity to ask any questions and have them answered, and hereby consent to your child's participation in the Heart Screening, and use and disclosure of information, as set forth in this Consent and Waiver. You hereby acknowledge receipt of a copy of this Consent and Waiver. This Consent and Waiver does not expire.

Sign your name if you agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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