

Young Champions Parent Consent and Liability Release Form

Student/Athlete name *(please print)*: _____

School name and sport: _____

Please carefully read and acknowledge your understanding of the following important information relating to this screening program.

Disclosure

As part of our commitment to serving the preventive health needs of our community, the “Young Champions” program offers heart screenings to young people between the ages of 12 and 18 years of age in an effort to help prevent sudden death from Hypertrophic Cardiomyopathy (HCM). The information contained in this form is designed to help you understand the intent of this screening, and stress the importance of taking personal responsibility for your child’s health needs by obtaining appropriate follow-up care and treatment in the event the screening detects HCM or any other significant abnormality. This form will also serve as documentation of your consent to the screening.

Consent to Screening Echocardiogram and Electrocardiogram (EKG)

I voluntarily request and consent to technologists, cardiologists and other healthcare providers administering, interpreting and communicating the results of a limited echocardiogram screening and an EKG. I understand that the echocardiogram involves the use of cardiac imagery technology, and I request and consent to the use of such technology. I understand that an echocardiogram and an EKG screening may not be sufficient for diagnosis, and that an additional procedure(s) might be required in the event that an abnormality is detected.

I understand that no warranty or guarantee has been made to me as to the results of the echocardiogram or EKG screening procedure. I understand that these tests screen for only one of several causes of sudden cardiac death. A screening study does not rule out all heart causes of sudden cardiac death.

Communication of Results

A copy of the test results will be mailed to the parent or guardian signing this consent form. If a cardiologist is present, you may receive results immediately following the screening.

Personal Commitment to Follow-up Results

I recognize and acknowledge that I am personally responsible for taking appropriate follow-up action upon receipt of test results. I understand and acknowledge that it is my responsibility to decide whether to take this action and pursue medically indicated care and treatment. I understand that follow-up care and treatment is not a part of this program. I also understand that I am financially responsible for the cost of any and all follow-up care, treatment and/or procedures.

Release of Claims

I, on behalf of myself and my child’s heirs, representatives, executors and administrators, do hereby completely release and forever discharge PeaceHealth Southwest Medical Center and its physicians, members, officers, directors, and employees from any and all claims, liabilities, cost and expenses arising out of or related to the performance, interpretation, and/or communication of the results of the echocardiogram and electrocardiogram screening.

I understand and acknowledge that I am expressly waiving my rights under state and federal laws to the full extent that I may lawfully do so pertaining to the echocardiogram and electrocardiogram screening, and it is my intention to relieve the released parties from, among other things, liability for personal injury or death, including personal injury or death caused by negligence.

Acknowledgement

I certify that I have read this form or have had it read to me, that the blank spaces have been filled in and that I understand its contents and consent to this screening.

Parent/Guardian: _____
Please print name

Parent/Guardian: _____
Signature

Date: _____

Authorization to Use and Disclose Health Information

I hereby authorize PeaceHealth Southwest and its medical personnel to collect and review the information and results contained in this screening. I understand that PeaceHealth will not disclose my identity, or the identity of my child to any third party without my consent.

Parent/Guardian: _____
Please print name

Parent/Guardian: _____
Signature

Date: _____