


REGISTRATION & CONSENT FORM	800.472.4220		www.heartscreensforteens.com
NAME _____ SEX _____ AGE _____ DATE OF BIRTH _____ SCHOOL _____ GRADE _____ PRIMARY CARE PHYSICIAN _____ PARENTS' NAMES _____ HOME PHONE _____ ADDRESS _____ SPORT(S) _____ METHOD OF PAYMENT (CHECK ONE) \$58 CASH ___ \$58 CHECK ___ (MAKE CHECKS PAYABLE TO "Heart Screens For Teens")			

The athlete named above is registering for an echocardiogram (echo), a common type of ultrasound that will permit physicians to view the heart. The purpose of this exam is to determine whether or not the athlete has a condition known as Hypertrophic Cardiomyopathy (HCM), or enlarged heart. HCM has been determined to be a primary cause of Sudden Cardiac Death (SCD) in young, otherwise healthy athletes. Parents of athletes who are discovered to have HCM during this examination will be notified and the athlete will be referred to their primary care physician for follow-up care.

This exam is being conducted through the "Heart Screens for Teens" program, a program created through a partnership between Ultrascan, Inc. and Georgia Pediatric Cardiology to improve the health and well-being of Georgia's high school athletes while providing an increased awareness of HCM and SCD. The exam is non-invasive and there is no special preparation for the test. During the test a Technologist will image the heart of the athlete using a probe placed on the chest, which has been given a light coat of a gel formula, while the athlete is laying on his/her left side. There is usually no discomfort associated with the test; all the athlete will feel is a slight pressure from the probe as it is moved on the chest. (For modesty's sake, female athletes are allowed to wear a sports bra during the exam.) While the test itself should last approximately 10-15 minutes, please allow one hour for the appointment as multiple screenings will be taking place and that can affect the total visit time. No medications are given to the athlete so he/she will be able to drive himself/herself home after the test is complete.

(NOTE: The section below must be signed by the athlete's parents or guardians before the test can be administered.)

The purpose of this echo is as a screening tool to assist doctors in identifying whether or not my child has a condition called Hypertrophic Cardiomyopathy or HCM. HCM is a potentially lethal cardiac condition that may affect some adolescents. While rare, the screening program is offering this as a special service complementing this student's high school sports physical. I understand that this screening in no manner replaces adequate physical evaluation by my primary care physician. In addition, I understand that not all young athletes with sudden cardiac death have HCM and the technologists, doctors, and other parties involved in "Heart Screens for Teens" cannot be held responsible for any untoward or unexpected outcomes resulting from my child's participation in sports. I am voluntarily allowing my child to participate in "Heart Screens for Teens" and have read all information provided to me regarding the Protected Health Information/Notice of Privacy Practices.

I have read the above information and hereby give my consent for _____
(Name of Athlete)

to undergo an echocardiogram administered by representatives of "Heart Screens for Teens". I understand that my child's school, its staff and the county in which the school is located are not liable or responsible for the administration of the test or the interpretation of the results. (All parents or guardians must sign and date.)

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date