



Agreement to Participate in the Caldwell County Health Screenings for Student Athletes

I, \_\_\_\_\_ (Parent/Guardian) of \_\_\_\_\_ (Child) hereby give permission for the following screenings:

- 1. Electrocardiogram (EKG)

It is understood that the education, examination, and reporting of the above mentioned testing/screening is being performed at no charge to me by Caldwell Memorial Hospital as a courtesy to me. The screening is not expected to take the place of an annual health screening by your child's private physician. Please continue to have an annual physical performed by your child's private physician.

The data derived from this screening is to be considered preliminary only and is in no way conclusive. I understand that the screening may not be sufficient for diagnosis purposes and that an additional procedure might be required in the event of an abnormal finding.

The responsibility for initiating any follow-up examination to address abnormalities identified at this screening lies solely with me as the person responsible for my child's health and well-being and not with Caldwell Memorial Hospital, its officers, trustees, physicians, agents, volunteers, employees, and/or related entity; including UNC Health Care System and its affiliated entities; Dr. J Andy Chiu or, any other named or unnamed physician involved in this project at the request of Caldwell Memorial Hospital; or, Caldwell County Government or its employees. 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 part of this program and that I am financially responsible for the cost of any and all follow-up care, treatment and procedures whether or not covered by my insurance.

I, on behalf of myself and my representatives, executors, and administrators, do hereby absolutely, fully and forever release, relieve, waive, relinquish and discharge Caldwell Memorial Hospital, its officers, trustees, physicians, agents, volunteers, employees, and/or any related entity, including UNC Health Care System and its affiliated entities, Dr. J Andy Chiu, any named or unnamed physician (and their owner/management) engaged in this project at the request of Caldwell Memorial Hospital, and Caldwell County Government or its employees, of and from any and all actions or causes of action, actual or alleged claims, judgments, demands, debts, losses, obligations, liabilities, cost expenses, sums of money, damages and/or liens for any kind or undiscovered, accrued or unaccrued, suspected or unsuspected, which either party may now have claim to have, or which may involve or relate to the performance, interpretation and communication of the results of the screening.

Other than me and my child's physician, no other individual or agent will have access to the individual test/screening results without the expressed written permission from me.

Before signing this form, I read it and/or had it read to me. I understand what it says and I have signed it out of my own free will, intending for it to be legally binding. I have been given the opportunity to ask questions about the risks of non-detection, the nature, purpose and anticipated benefits of the screening to be used, and the risks and hazards involved. I believe I have sufficient information to give and do hereby freely give my permission for my child to be screened.

I, \_\_\_\_\_ (Parent/Guardian) of \_\_\_\_\_ (Child) hereby give permission for the electrocardiogram (EKG)

Signature (Parent) \_\_\_\_\_ Date: \_\_\_\_\_

Child Name \_\_\_\_\_ Family Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_