



# Registration and Consent Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The student athlete named above is registering for a screening echocardiogram, which is a common type of diagnostic ultrasound that will provide physicians a view of 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 and schools of athletes who are discovered to have HCM during this examination will be notified by US mail and the athlete will be referred to their primary care physician for follow-up care.

This exam is being conducted by The Heart To Play, an affiliate of Professional Ultrasound Imaging, to improve the overall health and well being of Texas High School and College Athletes while providing education and an improved awareness of HCM and SCD in athletes. The exam is non-invasive and requires no special preparation. During the test, an echocardiographer (heart ultrasound specialist), will image the heart of the athlete using a probe, with a small amount of gel, placed on the chest, while the student is lying on his/her left side. There is usually no discomfort associated with the test, only slight pressure as the probe is moved on the chest. For modesty's sake, female athletes will be imaged by female echocardiographers, and may wear a sports bra during the exam. While the test itself should only last approximately 10 minutes, please allow about one hour for the appointment as multiple screenings will be taking place and that can affect the total visit time. No medications are given so the student will be able to drive himself/herself home after the screening examination.

**NOTE:** The section below must be signed by the student athlete's parent or guardian before the screening examination can be done.

The purpose of this echo is 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. The screening program is offered to complement, not replace, the student athlete's sports physical. I understand that this screening in no manner replaces an adequate physical examination by my primary care physician. In addition, I understand that not all student athletes with sudden cardiac death have HCM, and the echocardiographers, physicians and other parties involved in The Heart To Play screening program 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 The Heart To Play screening program and have read all information provided to me regarding the Protected Health Information/Notice of Privacy Practices.

I have read the information above and hereby give my consent for \_\_\_\_\_ to undergo  
(Name of student athlete)

an echocardiogram administered by representatives of The Heart To Play. I understand that my child's school, school district, or it's staff, and the city and county in which the school is located are not liable or responsible for the administration of or the interpretation of the test. All parents or guardians must sign and date below.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Parent/Guardian Date