

Dear Parent

Thank you for being part of Screening 4 Your Health mission to save young lives to raise the awareness of Sudden Cardiac Arrest (SCA) through youth heart screenings. Our goal is to screen 10,000 youth by the year 2020. The screening process takes approximately 45 minutes and you can expect to get the results of the screening immediately following the screening process. We strongly urge you to share the results of your screening with your family doctor to establish a baseline that will become a part of your youth's medical chart.

The following forms must be completed and brought to the screening

NO ONE WILL BE SCREENED WITHOUT THE SIGNED FORMS LISTED BELOW

1. Cardiac Screening Consent Form (signed by parent or guardian) Waiver
2. Youth Medical History Questionnaire

On the day of the screening, teens should wear a t-shirt, sweat pants or sport shorts. Girls should wear a sports bra. Girls will be asked to remove the t-shirt but will keep the sports bra on at all times, and will be screened by female health professionals in an area separate from boys. We want to assure you that students' confidentiality, privacy and individual modesty will be respected throughout all aspects of the program.

The screening is completely painless and non-invasive (no needles or x-ray exposure) and consists of:

3. Review of medical history questionnaire
4. EKG Screening (Small patches with a mild adhesive will be placed on the student's chest, legs and arms. Electrodes are attached to the patches, and the heart's electrical activity is recorded)
5. Some students may also have a limited echocardiogram (ultrasound) of their heart

A simple EKG, when used to screen physically active young persons, can detect certain serious heart conditions that cannot be detected by a stethoscope, including approximately 60% of the abnormalities or "markers" that are associated with Sudden Cardiac Death. Please note that EKG screenings result in approximately 2% of the tests being falsely positive. This may require additional evaluation and testing by your physician. We believe that the benefit of this potentially life-saving screening outweighs this concern.

Thank you for your participation.

Please bring this signed form to the screening.

I, the undersigned, gives my permission for my child, _____ to voluntarily participate in the youth cardiac _____

(name)

screening for which my child will have provided a medical history form. I/my child will receive an electrocardiogram, and may receive an echocardiogram. The Youth Heart Screening will be conducted by independent health care personnel and other volunteers. I or parent/guardian acknowledges and agrees that participation in the Youth Heart Screening is completely voluntary and that it is my decision to have myself/my child participate in this screening.

Results of these tests and the screening questionnaire will be reviewed and interpreted by a physician. Test results will be given to you and/or your child at the completion of the screening. If a heart abnormality is suspected, additional evaluation through follow-up with your family physician or specialist is strongly recommended. I understand that all of the medical information obtained through my child's participation in this program will be kept confidential and will not be retained or used by the school or referring entity. Once the results of the Youth Heart Screening have been disclosed to the student and/or the parent(s), all of the medical information obtained will be de-identified via the removal of personally identifiable information. I give consent that the remaining anonymized data can be collected by the Darius Jones Foundation or its designees and that it may be used for medical and/or academic research purposes.

I hereby give my permission for images of my child/or myself, captured during a heart screening through video, photo or digital camera, to be used solely for the purposes of Darius Jones Foundation promotional material and publications and waive any rights of compensation or ownership thereto. I acknowledge that I have read the above and understand its contents. Any and all questions have been answered to my satisfaction. I agree that I or my child is a voluntary participant in this heart screening, and in connection therewith, I consent to the release of information obtained in connection with the screening as described above. I understand that The Darius Jones Foundation will not disclose my identity to any third party without my consent. I understand that I and/or my child may withdraw from the screening. I further agree to hold The Darius Jones Foundation, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations harmless and waive all subrogation rights against The Darius Jones Foundation their directors, officers and volunteers as respects process and results in this free heart screening. In order to have the Cardiac Screening performed on myself or my child and to have him/her participate in that screening, I, HEREBY RELEASE AND WAIVE ALL CLAIMS, ACTIONS, AND CAUSES OF ACTION that I or my child may otherwise have against the Darius Jones Foundation, the independent health care personnel and volunteers who are conducting or participating in this screening process, the school, the school district, and any vendors, sponsors, their officers, directors, employees, agents, volunteers, and representatives, from any claims, liability, or damages, including but not limited to personal injury or illness arising out of any physical, emotional, or mental injury or death that may occur in any way from my child's participation in this program resulting from the negligence, breach of warranty, or strict liability of any persons associated with the Youth Heart Screening.

Participant (age 18 and over)

Print Name: _____

Signature: _____

Date: _____

Parental/Guardian Consent for Participants under the Age of 18:

Print Name: _____

Signature: _____

Date: _____