



**SafeBeat**<sup>™</sup>

IN COLLABORATION WITH

*“Screening Hearts...  
Saving Lives!”*

[www.safebeat.org](http://www.safebeat.org)



## Consent for Electrocardiogram (EKG) Annual JSMP Sports Physical

**SafeBeat** performs heart screening services to help identify potential underlying heart defects. **SafeBeat** will conduct an Electrocardiogram (EKG) on your child as part of this year’s annual sports physical. The EKG is reviewed by a board-certified pediatric cardiologist for optimal results. Cleared/not cleared status will still be provided by the examining physician/physician assistant/nurse practitioner provided by **JSMP**.

I acknowledge on behalf of my child though the best staff and efforts will be applied, I understand and acknowledge that screenings are not perfect; and thus, may either fail to detect a condition or disease that is present, or may at times falsely indicate a condition or disease is present when in fact it is not. I understand and acknowledge that **SafeBeat’s** personnel is trained staff but are not physicians and are not rendering medical care or services. I also understand that the **SafeBeat** preventative heart screening is not a standard physical nor does it replace the standard physical that the school/sport requires and/or provides. **I HEREBY FOREVER RELEASE AND DISCHARGE SAFEBEAT AND ITS AFFILIATES FROM ANY LIABILITY FOR ANY CLAIM BASED ON THE FAILURE TO DETECT OR FALSELY DETECTING AND/ OR IDENTIFYING OR NOT IDENTIFYING ANY CARDIAC ABNORMALITY OR ANY OTHER MEDICAL CONDITION.** I further agree to hold SafeBeat, its directors, employees, and affiliates, all physicians, technicians, volunteers, and all other persons, entities, individuals and organizations involved with this screening harmless and waive all subrogation rights against SafeBeat, its directors, officers, employees and affiliates as respects process and results of this cardiac screening performed on this day.

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

**As parent/guardian of the below minor participant, I acknowledge that I have read the above agreement and understand its contents. I grant permission for my child to participate in this heart screening that includes an electrocardiogram (EKG).**

Child’s Name:			
Parent’s Name:			
Signature:		Date:	

Consent for Participants Over the Age of 18:

**As the participant, I acknowledge that I have read the above agreement and understand its contents. I consent to participation in the heart screening that includes an electrocardiogram (EKG).**

Name:			
Signature:		Date:	