



**YOUNG HEARTS FOR LIFE® (YH4L)  
CARDIAC SCREENING PERMISSION FORM  
GLENBARD SOUTH HIGH SCHOOL**

Please visit [www.YH4L.org](http://www.YH4L.org) to register online

If you do not have email access, please return this form to the school.



Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_

**Race/Ethnicity: Please circle all that apply.**

American Indian/Alaska Native      Black/African American      White  
Native Hawaiian/Pacific Islander      Asian      Hispanic

**Sports: If your child participates in any of the following sports, please circle all that apply.**

Baseball/Softball	Football	Martial Arts	Ultimate Frisbee
Basketball	Golf	Skiing	Volleyball
Biking	Gymnastics	Soccer	Weight Lifting
Cheer leading	Hockey	Swimming	Wrestling
Dance	Lacrosse	Tennis	Other:
Diving	Marching Band	Track and Field	

Home Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Home Telephone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent E-mail : \_\_\_\_\_

I, (please check one)  GIVE permission \_\_\_\_\_  DO NOT give permission \_\_\_\_\_  
for my child, (Insert Student Name) \_\_\_\_\_, to participate in the YH4L Cardiac Screening in which my  
child **will receive an electrocardiogram**. An electrocardiogram (also known as EKG or ECG) is a non-invasive test that measures  
the electrical activity of the heart and can detect certain heart abnormalities leading to sudden cardiac death.

I understand that my child’s participation in the Young Hearts for Life® Cardiac Screening is intended to identify heart  
abnormalities which may affect their health during physical activities. I assume all risks associated with my child’s participation in  
the Cardiac Screening. All such risks being known and appreciated by me and having read this waiver I hereby for myself, heirs,  
executors, and administrators waive any and all claims I may have for damages against Young Hearts For Life®, Glenbard South  
High School, and any and all individuals associated with this screening, their heirs, representatives and successors, and assignees for  
any and all injuries suffered by my child in connection with this screening even though that liability may arise out of negligence or  
carelessness on the part of those named in this waiver.

I understand that Young Hearts For Life® will make their best efforts to keep my child’s health information confidential pursuant to  
the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its related Rules and Regulations and other state  
laws. In the event my child’s ECG result indicates that further evaluation is needed, Young Hearts for Life® may contact me for  
additional information.

I grant permission to all the foregoing to use any photographs, recordings or any other record of this event for any legitimate purpose  
consistent with HIPAA and its related Rules and Regulations and other state laws.  Yes  No

I acknowledge that I have read this Permission Form and Waiver and understand the risks associated with my child’s participation in  
the Young Hearts for Life® Cardiac Screening.

\_\_\_\_\_  
**Name of Parent or Guardian (Please Print)      Parent/Guardian Signature      Relationship      Date**