

June 12, 2019

Dear Parents,

We are pleased to bring the Young Hearts for Life® (YH4L) Cardiac Screening Program to **William Fremd High School** on **September 26, 2019**. All students whose parents authorize them to be tested will be screened. **Please be aware that repeat ECG testing is recommended every two (2) years.**

YH4L will provide this **free** heart screening called an electrocardiogram (ECG) to identify high school students at risk for sudden cardiac death and to increase the public's awareness of this issue. To date over 150,000 students have been screened as a result of YH4L. More information about the screening can be found on the YH4L website (www.yh4l.org).

A simple ECG, when used to screen young adults can detect certain serious heart conditions. Recording the electrical activity of the heart using electrodes attached to the skin with a mild adhesive, can detect approximately **60%** of the abnormalities or "markers" from these heart conditions that are associated with sudden cardiac death that a stethoscope cannot. **Please note that ECG 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 lifesaving screening outweighs this concern.**

We encourage you to discuss this screening with your child. Your child's participation in the screening is your decision. We want to assure you that students' confidentiality, privacy and individual modesty will be respected throughout all aspects of the program. Only female technicians will test girls and they will be screened in an area separate from boys.

Enclosed you will find a permission form that will allow your student to be tested. We prefer that you complete this registration process on line. On line registration is now available. If you do not have access to a computer, please return the permission form to the school.

For more information about this program, please visit our website at <http://www.yh4l.org/>. If you have questions, please contact us at 630-785-4366.

Sincerely,



Joseph Marek, MD Founder & Medical Director,
Young Hearts for Life® Cardiac Screening Program Cardiologist
Advocate Medical Group





William Fremd High School

Free ECG Screening

September 26, 2019

To register your child:

To sign your child up for this FREE screening, please go to www.YH4L.org and click on the drop down button that says Registration & Events. Click on Chicago Metropolitan Region and then choose your child's school.

To Volunteer:

In order to make this event successful, we need to have parent/community volunteers. Thank you for your interest in helping us provide ECG screenings to the students at William Fremd High School on September 26, 2019. The screening is offered during the school day. All volunteers must attend one of the training sessions. We're using VolunteerSpot for volunteer sign up for our event with Young Hearts for Life. Please sign up for William Fremd High School! Here's how it works in 3 easy steps:

1. Click this link to go to our invitation page on VolunteerSpot: <http://vols.pt/mLDgnD>
2. Enter your email address: (You will NOT need to register an account on VolunteerSpot)
3. Sign up! Choose your spots. Be sure to sign up for your training session as well as the shift you will work at the screening. Please consider joining us for the entire day. VolunteerSpot will send you an automated confirmation and reminders Thank you If you have any questions, please contact: Jodi Roos at jodi_euler@yahoo.com

For more information about YH4L, please visit our website, www.YH4L.org. **Sign up is available **now online***



**YOUNG HEARTS FOR LIFE® (YH4L)
CARDIAC SCREENING PERMISSION FORM**

PHONE CONSENT

*****ALL INFORMATION MUST BE COMPLETED*****

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®, 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. _____ 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.

Parent/Guardian Contacted Yes NO Person Obtaining Phone Consent _____

Print Name _____ Signature _____ Date _____