



Dear Parents,

We are pleased to bring the Young Hearts for Life® (YH4L) Cardiac Screening Program to **West Aurora High School** on **March 14, 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 200,000 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 less than 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. Online registration is now available. If you do not have access to a computer, please return the permission form to the school.

The Young Hearts For Life® Cardiac Screening is being provided this year to the students by **YH4L, Advocate Medical Group, North Aurora Mother’s Club, the Kathryn Bender Memorial Foundation and the West Aurora Sports Boosters.** 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



**West Aurora High School
Free ECG Screening
March 14, 2019**



TO REGISTER YOUR STUDENT FOR THE YH4L EVENT:

To sign your child up for this FREE cardiac screening, please go to <http://www.yh4l.org/>. Click on the drop-down Menu that says Registration & Events and choose Registration & Results. Click on Chicago Region High Schools. To access the registration page, read the YH4L information and then click on the "I Am Giving Permission for my child" Icon (located at the bottom of the page).

Online registration will close at 12:00 pm the day before the screening.

*Please **DO NOT** register your child at a different school.*

TO SIGN UP AS A PARENT/COMMUNITY VOLUNTEER FOR THE SCREENING:

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 **West Aurora High School** on **March 14, 2019**. The screening is offered during the school day. All volunteers must attend one of the training sessions on March 13th.

We're using SignUp.com for volunteer sign up for our event with Young Hearts for Life.

Please sign up for **West Aurora!**

Here's how it works in 3 easy steps:

1. Click this link to go to our invitation page on SignUp.com: <http://signup.com/go/fAbDKMb>
(THIS LINK IS FOR VOLUNTEERING ONLY)
2. Enter your email address: (You will NOT need to register an account on SignUp.com)
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. SignUp.com will send you an automated confirmation and reminders. Thank you

If you have any questions, please contact: **Meghan Hill** at mhill@sd129.org

**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
WEST AURORA HIGH SCHOOL, 3/14/19**

*****Please visit 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.

Badminton	Diving	Marching Band	Track & Field/Cross Country
Baseball / Softball	Football	Martial Arts	Ultimate Frisbee
Basketball	Golf	Skiing	Volleyball
Biking	Gymnastics	Soccer	Weight Lifting
Cheerleading	Hockey	Swimming	Wrestling
Dance	Lacrosse	Tennis	Other:

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.

Name of Parent/Guardian or Student over 18
(Please Print)

Signature

Relationship

Date



**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.

Badminton

Diving

Marching Band

Track & Field/Cross Country

Baseball / Softball

Football

Martial Arts

Ultimate Frisbee

Basketball

Golf

Skiing

Volleyball

Biking

Gymnastics

Soccer

Weight Lifting

Cheerleading

Hockey

Swimming

Wrestling

Dance

Lacrosse

Tennis

Other:

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 _____

Person Obtaining Phone Consent _____

Print Name

Signature

Date