

Student Name:

## **ELECTROCARDIOGRAM (ECG) CLEARANCE**

## Parent/Guardian Instructions:

An electrocardiogram (ECG) helps identify those who are at risk for sudden cardiac arrest or death. An ECG may assist in diagnosing several different heart conditions that contribute to sudden cardiac arrest. In accordance with School Board Policy 406.1, Flagler Schools requires each high school student wishing to participate in athletics, JROTC, marching band, or color guard to have one (1) ECG screening on file prior to participation. The ECG must be completed by a licensed physician, licensed physician assistant (PA), or certified advanced registered nurse practitioner (ARNP). All students will have to be cleared prior to participation.

Student ID #:

DOB:

Parent/Legal Guardian Name	Parent/Legal Guardian Signature		Date
☐ My child has completed an ECG throug	gh <b><i>Who We Play For</i> o</b> r <b>AdventHealth</b> w	thin the pas	t 365 days.
f so, you can stop here and submit the resul	· ·		
nrough Athletic Clearance by visiting <u>www.a</u> Elearance can be found on your school's we		regarding /	Athletic
	batte under Atmetica of Activities .		
ECG's completed	by a licensed physician, PA, or ARNI	•	
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Physician Instructions: This section is to be rained in the latest ECG interpretation guide esult must be cleared by a Cardiologist before I hereby certify that an ECG was performed following conclusion:  NORMAL: Low Risk/Cleared for Page 1985.	elines. Any student who does not receivere being allowed to participate.  I by myself or an individual under my dir	e a "Norma	" screening
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## **Submission Instructions:**

After receiving a "Normal" ECG reading or being cleared by a Cardiologist to participate, submit this form or written clearance from the Cardiologist through Athletic Clearance by visiting <a href="https://www.athleticclearance.com">www.athleticclearance.com</a>. More information regarding Athletic Clearance can be found on your school's website under "Athletics or Activities".