

CMEDDS / 99EKG

Parent/Guardian Consent, Liability Waiver & Scheduling Agreement

Student Athlete Electrocardiogram (EKG/ECG) Screening Program
In Compliance with Florida 'Second Chance Act' – SB 1070

This screening program is provided through CMEDDS in partnership with 99EKG for student athletes located within Manatee, Collier, and Sarasota Counties, Florida.

Student Information

Student Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
School:	<input type="text"/>
Grade:	<input type="text"/>
Sport(s):	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
County of Residence:	<input type="radio"/> Manatee <input type="radio"/> Sarasota <input type="radio"/> Collier

Consent for EKG Screening

I authorize CMEDDS and/or affiliated providers, including services associated with 99EKG, to perform an EKG/ECG screening on the minor listed above. I understand this screening does not replace physician care and may require additional medical evaluation.

Minor Patient Supervision Requirement

For any participant under 18 years old, a parent, legal guardian, or parent-authorized delegate must be physically present during the examination. Failure to have an authorized adult present may result in cancellation and applicable fees.

Release of Liability / Hold Harmless Agreement

I voluntarily release and hold harmless CMEDDS, 99EKG, affiliated providers, technicians, employees, contractors, and representatives from any claims, liabilities, damages, injuries, or losses arising from the screening process or related services.

Appointment, Cancellation & Waitlist Policy

Appointments must be canceled at least 24 hours prior to the scheduled appointment. Late cancellations, no-shows, or arrivals beyond the 5-minute grace period may result in non-refundable charges. Technician scheduling changes due to travel logistics may require rescheduling via phone call or text.

Acknowledgement

By signing below, I acknowledge that I have read and understand this form, voluntarily consent to the EKG/ECG screening, and agree to all policies and terms.

Parent/Guardian Signature:

Printed Name:

Date:

CMEDDS Representative: