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Have you ever had a stinger, burner, or pinched nerve? Have you ever had a stinger, burner, or pinched nerve? Are you missing any paired organs? Are you under a doctor's care? An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility my family to schedule and pay for such ECG. EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary) in the school and any protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Leag nor the school and any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize consent to such care and treatment as may be given said student by any physician, athletic trainer, rurse or school representative. I do hereby agree to indemnify and save harml school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness injury. I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penaltics determined by the UIL Student Signature: Parent/Guardian Signature: Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician physician assistant, chi	•			How many periods h	ave you had in the last year?	
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Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility my family to schedule and pay for such ECG. EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary). It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic Leag nor the school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmly school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness injury. I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL Student Signature: Parent/Guardian Signature: Parent/Guardian Signature: Parent/Guardian Signature: Parent/Guardian in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO						
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