

Miami-Dade County Public Schools (M-DCPS)

Electrocardiogram (ECG/EKG) Screening Opt-Out Form

Pursuant to the Florida Second Chance Act (SB 1070) and School Board Policy 2431, *Interscholastic Activities and Athletics*, beginning in the 2025–2026 school year, all students in grades 9 through 12 who wish to participate in interscholastic athletics for the first time, and who have not completed an electrocardiogram (ECG/EKG) screening since the 2023-2024 school year, are required to complete at least one ECG/EKG screening during their high school athletic career in Miami-Dade County Public Schools.

Parents/legal guardians have the right to opt out of this screening by declaring that their children meet one or more of the criteria below. By completing this form and signing below, you acknowledge your understanding of the screening requirement for ECG/EKG screenings and voluntarily elect not to have your child participate in this component of the pre-participation evaluation.

Student Information:

- Student Name: _____
- Student ID: _____
- Date of Birth: _____
- School Name: _____
- Grade Level: _____

Parent/Guardian Opt-Out Declaration:

Please indicate the reason for opting out of the ECG/EKG screening requirement (check one):

- ☐ My child has the attached certificate of medical exception documented by a licensed physician under Chapter 458 or Chapter 459, Florida Statutes, in good standing with the Board of Medicine or Board of Osteopathic Medicine, as applicable.
- ☐ Our family's religious tenets or practices do not support this type of medical screening.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DIVISION of ATHLETICS & ACTIVITIES



Acknowledgment and Waiver of Liability:

By signing below, I understand and acknowledge the following:

1. I have been informed of the legal requirement for student-athletes to undergo an ECG/EKG screening unless they are exempt.
2. I am voluntarily choosing to opt my child out of this screening.
3. I understand that by opting out, my child may participate in interscholastic athletics without having completed an ECG/EKG screening.
4. I hereby release, hold harmless, and agree not to hold liable the School Board of Miami-Dade County, Florida, its employees, agents, representatives, volunteers, and affiliated personnel for any claims, actions, or liabilities arising from any cardiac incident, injury, or death that may occur in the absence of an ECG/EKG screening.
5. I understand that by signing this document, I am waiving certain legal rights and claims on behalf of myself and my child.
6. Under penalties of perjury, I declare that I have read the foregoing Miami-Dade County Public Schools (M-DCPS) Electrocardiogram (ECG/EKG) Screening Opt-Out Form and that the facts stated in it are true.

Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Contact Number: _____

Please return this completed form to your school's Athletic Director or Main Office.