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KEVS Foundation, Inc.

P.O. Box 27

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**Student/Athlete Permission to Participate in Heart Screening**

Date: September 9th or 10th 2016 At: Westfield High School

City: Westfield State: MA

I, (Parent/Guardian) give my permission for

 (Student/Athlete) to have their Westfield

High School Coach (Coaches Name) or

Athletic Director Eileen Flaherty present during the physician consult at the

KEVS Foundation Heart Screening, being held September 9th and 10th, 2016.

Should a physician need to contact me regarding the above student during this event, I can be reached at (Phone Number).

If there is an abnormality identified on the heart screening, we (KEVS Foundation) will contact you (the above signed parent/guardian) at the phone number you have provided above. Due to the limited nature of this heart-screening event, there are instances where it is essential that students/athletes/patients need to follow-up with their primary care physician or a pediatric cardiologist for ongoing treatment or further diagnostic testing. These follow-up plans will be discussed with you and will also be communicated to the school nurse and Athletic Director, Eileen Flaherty.

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