



## HEALTH SCIENCE AND TECHNOLOGY ACADEMY SUMMER 2017 – BIOMED RELEASE

Dear Parent or Guardian of \_\_\_\_\_ (Student's name):

As a part of the Health Sciences and Technology Academy (HSTA) this summer, we plan to concentrate on the anatomy and physiology of the human heart and lungs. One of the activities includes monitoring the way the normal heart and lungs respond to exercise. We will instruct the students in how to check heart rate, respiratory rate, blood pressure and heart rhythms on an electrocardiograph (ECG) monitor. We will also have the students perform breathing tests on a spirometer. We are requesting your permission to allow your son or daughter to ride a stationary bike or walk on a treadmill for a Graded Exercise Test (GXT). The GXT is described below. Please read the description and consent form and return the signed form.

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### Graded Exercise Test:

1. **Explanation of the Test:** Your child will perform an exercise test on either a cycle ergometer (stationary bike) or a motorized treadmill while breathing into a spirometer. The exercise intensity will begin at a low level and will be advanced in stages depending on your child's fitness level. We may stop the test at any time because of signs of fatigue or changes in your child's heart rate, electrocardiogram (ECG), or blood pressure. It is important for your child to realize that he or she may stop when he or she wishes because of feelings of fatigue or any other discomfort.
  2. **Attendant Risks and Discomforts:** There exists the possibility of certain changes occurring during the test. They include abnormal blood pressure, fainting, irregular, fast, or slow heart rhythm, and in rare instances, heart attack, stroke or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your child's health and fitness and by observations during testing.
  3. **Responsibilities of the Participant:** Information you possess about your child's health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your child's exercise test. Your child's prompt reporting of feelings with effort during the test itself is also of great importance. Your child will be responsible for fully disclosing such information when requested by the testing staff.
  4. **Inquiries:** Any questions about the procedures used in the test or the results of your test are encouraged. If you or your child have any concerns or questions, please contact Dan Bonner at 293-5497.
  5. **Freedom of Consent:** Your permission to perform this test is voluntary for you and your child. Your child will be free to stop the test at any point if he or she so desires.
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I have read this form and I understand the test procedures that my child will perform and the attendant risks and discomforts. My child does not have a history of heart or lung problems and does regularly participate in exercise or athletic activities. Knowing the risks and discomforts, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to have my child participate in this test.

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**