

# HIGHLAND PARK HIGH SCHOOL

Township High School District 113

433 VINE AVENUE

HIGHLAND PARK, ILLINOIS 60035-2044

Phone 224/765-2000 Fax 224/765-2700

BRAD SWANSON, PRINCIPAL



March 12, 2010

Dear Parents,

We are pleased to share with you that on April 16, 2010 all Highland Park High School students will be able to participate in the Screens for Teens EKG screening provided by the Max Schewitz Foundation. There is no cost for students to participate.

Tragically, the first sign of cardiac disease in the young is often sudden death. Max Schewitz, a life-long Lake Bluff resident, died from sudden cardiac death (SCD) at age 20, with no prior evidence of cardiac disease. It may surprise you to know that the leading cause of SCD in young adults is triggered by a hidden heart defect that is both detectable and treatable. How can you know if your child is at risk?

While no screening test is perfect, an EKG can detect "markers" of certain serious heart conditions, undetectable by a stethoscope. About 40% of these abnormalities or markers can be detected through an EKG. Approximately 2% of the tests may indicate a false positive, but we believe that the benefit of this potentially lifesaving screening outweighs this concern.

To date, over 10,300 students have received EKGs through this program. Only HPHS students with parental permission on file by April 12, 2010 will be tested (permission response form and waiver enclosed). Every effort is made to fully respect students' confidentiality, privacy and individual modesty in all aspects of the program. Only female technicians will screen girls and the test areas will be separated by gender. Cardiologist, Eli Lavie, MD of North Shore Cardiologists, will read all EKGs. Results are confidential and not shared with the school. The results of the screenings will be distributed within three weeks of the screening and only the parents of the child will receive these results. Note: Only parents of students with abnormal readings requiring follow-up will get the actual EKG test. EKGs within normal limits will be destroyed.

Participation is optional, but we ask that you return a response form even if you do not want your child tested. There is a spot to deny permission. Also, please complete the optional health history form with your child. Please return your completed form(s) in a sealed envelope to the HPHS front desk in the main office at 433 Vine Ave, Highland Park, IL 60035 as soon as possible, but no later than April 4, 2010. For more information contact foundation director Mary Beth Schewitz at 847-234-2206.

Also, parents have an opportunity to volunteer with the screening. Please complete the enclosed volunteer form if you can help; it is a memorable and meaningful experience. More than 100 volunteers are needed to staff the screening. We can't do this without you.

Sincerely,

Brad Swanson  
Principal  
Highland Park High School

David & Mary Beth Schewitz  
Directors  
Max Schewitz Foundation

Eli Lavie, MD  
Medical Director  
Max Schewitz Foundation

**MAX SCHEWITZ FOUNDATION SCREENS FOR TEENS EKG SCREENING  
RESPONSE FORM AND WAIVER**

**PLEASE RETURN TO SCHOOL (FRONT DESK OR MAIN OFFICE) BY April 9, 2010**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **PE/Health Teacher & Period:** \_\_\_\_\_

**Race:**   Caucasian   Asian   African American/Black   Hispanic/Latino   Multiple races (mark all that apply)  
American Indian   Alaskan Native   Native Hawaiian   Pacific Islander

Does your child participate in any of the following sports?   1 – Yes \_\_\_\_\_   2 – No \_\_\_\_\_

Please circle all that apply:

- |                       |                |                                    |                |
|-----------------------|----------------|------------------------------------|----------------|
| 1 - Baseball/Softball | 6 - Football   | 11 - Soccer                        | 16 - Wrestling |
| 2 - Basketball        | 7 - Golf       | 12 - Swimming                      | 17 - Other     |
| 3 - Cheerleading/POMs | 8 - Gymnastics | 13 - Tennis                        | _____          |
| 4 - Dance             | 9 - Hockey     | 14 - Track and Field/Cross Country |                |
| 5 - Diving            | 10 - Lacrosse  | 15 - Volleyball                    |                |

Contact Information for Results (please print):

Complete home mailing address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Parent's E-mail Address: \_\_\_\_\_

**I, GIVE permission \_\_\_\_\_ or DO NOT give permission \_\_\_\_\_**

for my child, (Insert Student Name) \_\_\_\_\_, to participate in the Max Schewitz Foundation EKG Screening in which my child **will receive an electrocardiogram**. An electrocardiogram (also known as EKG or ECG) is a non-invasive test that measures the electrical activity of the heart and can detect certain heart abnormalities leading to sudden cardiac death.

There is no risk associated with receiving an EKG. There is a possibility of minor skin irritation and redness where the electrodes were placed. *If your child has an allergy to adhesive or latex please list below. (Please note that the stickies used for the screening are latex free.)*

**Allergies:** \_\_\_\_\_

I understand that my child's participation in the Max Schewitz Foundation EKG Screening is intended to identify heart abnormalities which may affect their health during physical activities. I assume all risks associated with my child's participation in the EKG Screening. All such risks being known and appreciated by me and having read this waiver I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against the Max Schewitz Foundation, North Shore Cardiologists, Highland Park High School and any and all individuals associated with this screening, their heirs, representatives and successors, and assignees for any and all injuries suffered by my child in connection with this screening even though that liability may arise out of negligence or carelessness on the part of those named in this waiver.

[I understand that best practice standards will be used to keep my child's health information confidential pursuant to the Health Insurance Portability and Accountability Act of 1996 \("HIPAA"\) and its related Rules and Regulations and other state laws. I understand, also, that information provided on this document may be viewed by parent volunteers as part of our data collection.](#)

I grant permission for my child to be photographed, or appear in recording of this event for any legitimate purpose [consistent with HIPAA and its related Rules and Regulations and other state laws.](#)    \_\_\_\_\_ Yes    \_\_\_\_\_ No

I acknowledge that I have read this EKG Screening Form and Waiver and understand the risks associated with my child's participation in the Max Schewitz Foundation's Screens for Teens EKG Screening.

\_\_\_\_\_  
**Name of Parent or Guardian (Please Print)      Parent/Guardian Signature      Relationship      Date**

**\*If 18 or older, you may register yourself  
Please complete the cardiac health history form**

Dear Parents,

The HPHS parent organizations will be providing one hundred parent volunteers to help run the Screens for Teens EKG screening with the Max Schewitz Foundation at Highland Park High School on April 16, 2010. The Max Schewitz Foundation fundraises to underwrite the direct costs of testing our children and manages this screening with their all-volunteer staff, but testing cannot be done without lots of volunteers—please sign up today to show your appreciation for this service.

Parent volunteers perform tasks such as assisting with student registration and processing, performing a component of the EKG test, or filing results. **You do not need prior experience.** You will be trained and supervised, with all activities monitored by the cardiologist. Believe it or not, it's easy and fun!

We need you to work a minimum of one **complete** shift.

You must also attend training on Thursday, April 15. We'll email more information about the training location, security procedures, parking, dress etc. All testing will take place in the Exhibition Gym.

Return your volunteer form to the high school's main office. Please call or email questions to Corinne Bronson-Adatto, Karen Braun, or Mary Beth Schewitz. Also, if you are a medical professional note that below.

Thanks for making a difference,

Corinne Bronson-Adatto and Karen Braun  
HPHS Screens for Teens Volunteer Coordinators  
[corinnejba@gmail.com](mailto:corinnejba@gmail.com)  
[karenbraun9@gmail.com](mailto:karenbraun9@gmail.com)

Mary Beth Schewitz  
Director, Max Schewitz Foundation  
[mschewitz@aol.com](mailto:mschewitz@aol.com)  
847-234-2206

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**1. I would love to help! I will attend training on **Thursday, April 15** from**

**\_\_\_\_\_ 4:00-5:30PM OR \_\_\_\_\_ 6:00-7:30PM**

**2. I can work on Friday, **April 16** from:**

**\_\_\_\_\_ 7:30 AM until 11:30AM OR \_\_\_\_\_ 11:00AM until 3:00 PM OR \_\_\_\_\_ I can work both shifts**

**3. Drats! I can't do any of that. But I could help assemble charts Monday 4/12 from 10AM-12PM.**

Please contact me (name): \_\_\_\_\_

My phone number is: \_\_\_\_\_; email me at: \_\_\_\_\_

Please Print

**Most communication will be through e-mail, so please include this info.**

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Phone 224/765-2000 Fax 224/765-2700

BRAD SWANSON, PRINCIPAL



12 de Marzo del 2010,

Apreciados Padres,

Nos complace compartir con ustedes que el día 16 de Abril del 2010 todos los estudiantes de la escuela secundaria Highland Park tendrán la posibilidad de hacerse un ECG (electrocardiograma). Esta prueba será provista por medio la Fundación Max Schewitz. No existe costo alguno para los estudiantes que desean participar.

Por desgracia, la primera señal de enfermedad cardiaca en los jóvenes es la muerte súbita. Max Schewitz, residente de Lake Bluff, murió de muerte súbita cardiaca (SCD) a la edad de 20 años, sin mostrar evidencia previa de problemas cardiacos. Tal vez le sorprenda saber que la mayor causa de muerte súbita cardiaca se debe a causas ocultas que son posibles de detectar y tratar. Cómo puede usted saber si su hijo/a esta en riesgo?

Aunque ninguna prueba es perfecta, el ECG puede detectar señales de ciertas condiciones cardiacas serias, no detectables por un estetoscopio. Alrededor de 40% de estas anomalías son señales que pueden ser detectadas por medio del ECG. Existe el 2% de probabilidad de que los resultados de esta prueba sean positivos pero erróneos. Sin embargo, el beneficio que ofrece la prueba pesa más que la preocupación si se presenta un error.

Hasta la fecha, más de 10,300 estudiantes has recibido un ECG por medio de este programa. Solo los estudiantes de Highland Park con autorización de sus padres en su archivo el día 12 de Abril, 2010 podrán hacer la prueba (formulario de autorización adjunto). Se hará el máximo esfuerzo para respetar planamente la confidencialidad, intimidad de este programa. Solo técnicos femeninos harán pruebas a las niñas y el área donde se hará la prueba será separada por sexo. La Cardióloga, Eli Lavie, MD Cardióloga del Hospital Noth Shore leerá todos los electrocardiogramas. Los resultados son confidenciales y no se comparten con la escuela. Los resultados de los exámenes serán distribuidos entre las siguientes tres semanas, después de haber tomado la prueba. Solo los padres de los niños recibirán los resultados. Nota: Solo los padres de los niños con resultados anormales, que requieran hacer seguimiento médico, recibirán copia del ECG.

La participación es en este programa es opcional, pero le pedimos que envíe el formulario de respuestas, pese a que usted no desee que su hijo/a sea evaluado. Existe un punto para negar permiso. También, le pedimos que por favor complete el formulario opcional de historia de salud con su hijo/a. Por favor envíe el formulario completo en un sobre cerrado a la oficina de registro de HPHS en la oficina principal en el 433 Vine Ave. Highland Park, IL. 60035 tan pronto como sea posible, pero no después del 4 de Abril del 2010. Para mayor información comuníquese con Mary Beth Schewitz director de la fundación, en el 847-234-2206.

Los padres tendrán la oportunidad de ser voluntarios. Por favor complete el formulario de voluntario adjunto si usted considera que puede ayudar; esta es una experiencia memorable y significativa. Más de 100 voluntarios se necesitan para ayudar a hacer las pruebas. No podríamos hacer esto sin su ayuda.

Atentamente,

Brad Swanson  
Principal  
Highland Park High School

David & Mary Beth Schewitz  
Directors  
Max Schewitz Foundation

Eli Lavie, MD  
Medical Director  
Max Schewitz Foundation

# Pediatric Sudden Cardiac Death: Risk Assessment Form

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Please Print & Return to the High School in an Envelope

<b>Patient History Questions: Please ask your child each question</b>	Yes	No
Has your child had fainted or passed out DURING exercise, emotion or startle?		
Has your child had fainted or passed out AFTER exercise?		
Has your child had extreme fatigue associated with exercise (different from other children)?		
Has your child ever had extreme shortness of breath with exercise?		
Has your child ever had discomfort, pain or pressure in his chest with exercise?		
Has a doctor ever told you that your child has high blood pressure , high cholesterol, a heart murmur, or a heart infection? If yes, circle which one(s).		
Has a doctor ever ordered a test for your child's heart?		
Has your child ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma?		
<b>Family History Questions: Please include extended family</b>		
Are there any family members who had an unexpected, unexplained death before age 50? (include SIDS, car accident, drowning, others)		
Are there any family members who died of heart problems before age 50?		
Are there any family members who have had unexplained fainting or seizures?		
Are there any family members who have had a pacemaker or internal defibrillator?		
Are there any relatives with certain heart conditions such as:		
Hypertrophic cardiomyopathy (HCM)		
Dilated cardiomyopathy (DCM)		
Aortic rupture or Marfan syndrome		
Coronary artery atherosclerotic disease		
Arrhythmogenic right ventricular cardiomyopathy		
Long QT syndrome (LQTS)		
Short QT Syndrome		
Brugada Syndrome		
Catecholaminergic Ventricular Tachycardia		
Primary Pulmonary Hypertension		
<b>Please explain more about any "yes" answers on the reverse</b>		