



Valders School District High School Consent for Cognitive Testing & Release of Information

I give my permission for (*name of athlete*) _____ to have a baseline ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) test administered at Valders High School. I give permission for my child (named above) to have a post-concussive ImPACT test administered at Lakeshore Orthopaedics if a head injury is suspected.

I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which will be on file at Valders High School. I understand there is no charge for the baseline testing, but in the case of post-concussion testing we may be billed.

Valders High School may release the ImPACT baseline results to Dr. Marjorie Delo, my child's primary care physician, neurologist, or other treating physician, or other healthcare professional as indicated below to aid in the clearance post-injury.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

I have read the attached information and understand its contents. I have been given an opportunity to ask questions and have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program required by Valders High School.

Printed name of athlete: _____

Athlete's Sports involved: _____

Name of parent or guardian: _____

Signature of parent or guardian: _____

***The ImPACT Baseline is valid for two years.
This form must be signed and returned to the athletic trainer prior to the start of the season
and/or the athlete's first athletic competition for his/her season!***