

# ImPACT Consent

## CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

Name of Athlete \_\_\_\_\_ Athlete's Date of Birth \_\_\_\_\_

Sport participating in \_\_\_\_\_

I give permission for (name of child) \_\_\_\_\_ to have a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Reedsburg Area High School. 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 is on file at RAHS. I understand there is no charge for the testing.

Reedsburg Area High School may release the ImPACT results to my child's primary care physician, neurologist, or other treating physician, as indicated below.

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.

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

### PLEASE PRINT THE FOLLOWING INFORMATION:

Name of doctor: \_\_\_\_\_

Name of practice or group: \_\_\_\_\_

Phone number: \_\_\_\_\_

\*\*\*\*\*

Student's home address: \_\_\_\_\_

Parent/Guardian phone numbers (please indicate preferred contact number & time if necessary):

(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

---

### **Please note:**

- 1) The following sports require an ImPact consent form to be filled out: Baseball, Basketball, Football, Gymnastics, Hockey, Soccer, Softball, Volleyball, & Wrestling.
- 2) Impact consent forms are good for two years. Freshman, juniors and new athletes typically need to fill out the ImPact Consent form.