

Consent for ImPACT Testing and Release of Information

ATHLETE'S NAME: _____ SPORT: _____

I give my permission for the above-named student-athlete to have a computer-based neurocognitive test, known as ImPACT, administered at Palmyra High School prior to participating in the upcoming sports season. I understand that my child will be re-tested should he/she sustain a concussion throughout the season. The pre- and post-concussion tests will then be compared and the results will be used to evaluate return to play status. There is no charge for the testing.

I understand that Palmyra High School may release the ImPACT results to the Penn State Concussion Program, my child's primary care physician, neurologist, neuropsychologist, or other treating physician as indicated below. Furthermore, the information gained may be utilized in studies being conducted by both Hershey Medical Center and the University of Pittsburgh Medical Center. Additionally, general information about the test data may be provided to my child's guidance counselor and teachers for purposes of providing temporary academic modifications, if necessary.

I understand that should my child experience the signs & symptoms indicative of a concussion, he/she will be required to: 1) have an evaluation by his/her primary care physician; 2) take the ImPACT test; and 3) have a normal physical and neurological examination prior to resuming sports or physical activity. Additionally, the Certified Athletic Trainer may refer my child to the Penn State Concussion Program for further testing and consultation. Athletes who have been cleared to return to activity will do so following a stepwise procedure that allows for a gradual progression of physical exertion.

SIGN & DATE HERE: _____

Parent/Guardian Signature & Date

Student-Athlete Information:

Name: _____ Date of birth: _____

Name of parent or guardian: _____ Phone: _____

Name of Primary Care Physician: _____ Phone: _____

Name of Physicians Group: _____
(if applicable)

Take the test online at: impacttestonline.com/pennstateconcussionprogram
(See reverse side for details and further information)

Date of baseline test: _____