

Student Athlete Release to be Tested With ImPACT Concussion Assessment Software

Athletes may not understand the potential consequences of concussion and often minimize or deny symptoms so they can return to play. As a result, repeated concussions, from returning to sport too early, can cause symptoms to have a cumulative effect. Given such concerns, ranging from mild to catastrophic and the inherent difficulties in managing concussion, individualized and comprehensive management of concussion is optimal. At the forefront of proper concussion management is the implementation of baseline and/or post-injury neurocognitive testing. Such evaluation can help to objectively evaluate the concussed athlete's post-injury condition and track recovery for safe return to play, thus preventing the cumulative effects of concussion.

ImPACT is a user-friendly, Windows based computer program specifically designed for the management of sport related concussion. ImPACT takes approximately 20 minutes to complete. The computer program measures multiple aspects of cognitive function in the athlete. ImPACT is currently the most widely utilized program in the world and is implemented effectively across high school, collegiate and professional levels of sport participation.

Your child will be baseline tested before the first practice of their first sport during the school year. If your child suffers a blow to the head or whiplash type injury during sport or gym-class participation, the athletic trainer will evaluate them clinically and with the ImPACT software. If the post-injury values reported by ImPACT fall outside an allowed deviation from the base-line values your child will be referred to their family physician or a specialist for further evaluation. If your child does indeed have a concussion they will be continually monitored by the ImPACT program to make a safe and objective decision on their return to sport participation. The doctor will have the final say in the release of your child to return to sport participation.

I _____ give permission to Union High School to perform ImPACT
(parent/guardian name)
concussion assessment testing on my son/daughter _____ to attain
(student athlete name)
baseline and post-injury values in the event a head injury may occur.

Athletic Trainer Treatment Authorization

I/We give permission to the NATA certified athletic trainer employed by Union School District to perform immediate care and emergency treatment to injuries incurred during any interscholastic or intramural activity in this school district, and if necessary, to transport him/her to the nearest medical facility. Parents further acknowledge that the Certified Athletic Trainer may contact the student's physician in order to obtain information concerning the extent of injuries sustained, the extent to which a student may participate in the sport, and what additional treatment the physician may want the athletic trainer to perform. Information obtained by the athletic trainer will be considered confidential and will be treated as such. By signing this form, the parent acknowledges the risks involved and understands that the school district, officials, coaches and/or athletic trainer will not be held responsible for any injury or damage. The parent/guardian must assume full responsibility for any injury or damage to his/her child through his/her hospital or insurance plan. If the parent does not sign this form, his/her child will not be permitted to participate in interscholastic or intramural activities.

I/We _____, _____ have read and understand
(Parent/guardian) (Parent/guardian)

all the above information fully and give full consent as stated above to my child to participate in interscholastic/intramural activities at Union High School.

_____ Date

_____ Student Athlete Signature