**ImPACTTM BASELINE TESTING CONSENT FORM**

Dear Parent/Guardian,

Your team, sports organization, or school is currently utilizing an innovative program for evaluation and treating head injuries (e.g., Concussion). In order to better manage concussions sustained by our student-athletes, your team, sports organization, or school has partnered with Gundersen Health System – Sports Medicine to acquire a software tool called ImPACTTM (Immediate Post Concussion Assessment and Cognitive Testing). Headquartered in Pittsburgh, PA., ImPACTTM is a leader in computerized neurocognitive assessment tools and services. ImPACTTM has created an international network of clients who utilize the company’s concussion management program. Neurocognitive tests such as ImPACTTM are an effective tool in recognizing and managing head injuries. Additional information about ImPACTTM can be found at [www.impacttest.com](http://www.impacttest.com).

Your team, sports organization, or school is having student-athletes take the computerized exam before beginning contact sport practice or competition. The format of the test is similar to that of a video game and takes 20-30 minutes to complete. The ImPACTTM test is akin to a pre-season physical for the brain. It tracks information such as memory, reaction time, and concentration, but it is not an IQ test. The ImPACTTM test is non-invasive and poses no risks to your child.

If your child suffers a head injury, and a concussion is suspected, your child will be referred to a health care organization for evaluation. The physician or clinician may recommend that your child take a post-injury ImPACTTM test. The health care organization will maintain your child’s pre-season and post-injury test data, if any, on a secure server maintained by ImPACTTM. Your child’s post-test data will only be available to that health care organization, except as described below. If your child suffers a head injury, you will be contacted with additional details about how to proceed.

Your child’s test data may be made available to the clinician evaluating your child. This clinician may choose to make your child’s test data available to other health care providers who are being consulted regarding the treatment of your child. Your child’s health and safety are at the forefront of the student athletic experience, and we are excited to utilize this program. If you have any further questions regarding this program, please feel free to contact the provider testing your child.

Sincerely,

Gundersen Health System Gundersen Health System

Sports Medicine Sports Medicine

3111 Gundersen Drive 111 Riverfront Building (Lafayette/Walnut Streets)

Onalaska, Wisconsin 54650 Winona, Minnesota 55987

800-362-9567 ext.58600 800-362-9567 ext.22360

**PERMISSION SLIP**

**For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACTTM)**

I have read and understood the above information and give permission for my son/daughter to take the ImPACTTM Baseline Concussion Test.

Print Name of Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_