University High School is utilizing an innovative program for our student-athletes that will assist our school nurses, Kristen Szewczyk and Mary Toledo-Trevino, and the athletic trainer in evaluating and treating traumatic brain injuries (e.g., concussion). To help these trained healthcare professionals to better manage concussions sustained by our athletes, we have acquired a software tool called ImPACT® (Immediate Post-Concussion Assessment and Cognitive Testing). ImPACT® is a computerized exam used in many professional, collegiate, and high school sports programs across the country. If an athlete is believed to have suffered a head injury during practice or competition, ImPACT® is a tool that can be used by a trained healthcare professional to evaluate the severity of the head injury and the athlete's recovery. from that injury.

Ideally, the computerized exam is given to athletes before beginning contact sport practice or competition. This simple, non-invasive test is set up in a video-game type format and takes about 20 minutes to complete. It tracks information such as memory, reaction time, speed, and concentration. In addition, to help healthcare providers better understand the athlete's particular healthcare situation, there also are questions about the athlete's health history as well as current symptoms that he or she may be experiencing. ImPACT® is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. The athlete's performance on the post-injury test will be compared to his or her performance on the baseline and any differences in performance will be evaluated by a trained healthcare provider. The test data will enable trained healthcare professionals to determine when return-to-activity is appropriate and safe for the injured child.

The Laboratory Schools wish to stress that the ImPACT® testing procedures are non-invasive and pose no known risks to your student-athlete. We are excited to implement this program because it provides us the best available information for managing concussions. Please electronically complete the form in SchoolDoc with the appropriate signatures by August 1.

## CONSENT FOR BASELINE COGNITIVE TESTING AND RELEASE OF INFORMATION

| I give my permission for  | , born                         |        | :     | , to |
|---|--------------------------------|--------|-------|------|
| have a base line ImPACT® (Immediate Post-<br>Testing) test administered at The Laboratory<br>need to be tested more than once, depending<br>there is no charge for testing. | / Schools. I understand that r | ny chi | ild m | ay   |
| The Laboratory Schools may release the Imphysician, neurologist, other treating physicias indicated below.  | •                              |        |       | •    |
| I understand that general information about guidance counselor and teachers, for the pumodifications, if necessary.   | • •                            |        | -     |      |
| Signature of parent/guardian  |                                |        |       |      |
| Name of parent/guardian   |                                |        |       |      |
| Date  |                                |        |       |      |
| Please print the following information:   |                                |        |       |      |
| Physician/licensed healthcare professional  |                                |        |       |      |
| Practice or Group name  |                                |        |       |      |
| Phone number  |                                |        |       |      |
| Students home address   |                                |        |       |      |
| Parent or guardian phone numbers  |                                |        |       |      |
| Home  | Preferred contact number       | Н      | W     | М    |
| Mobile  | Preferred time to call         | _ AM_  |       | _ PM |
| Work  |                                |        |       |      |