



Dear Parent/Guardian,

University High School is utilizing an innovative program for our student-athletes that will assist our school nurses, Martha Baggetto and Mary Toledo-Trevino, and athletic trainer, Ashley Alonso, 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.

I 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 and are requiring that all high school athletes participate because it provides us the best available information for managing concussions. Please complete the form with the appropriate signatures by the August 10. If you have further questions regarding this program please feel free to contact me at gpoole@ucls.uchicago.edu or 773-702-2090.

Sincerely,

Gail Poole, Athletic Coordinator



CONSENT FOR BASELINE COGNITIVE TESTING and RELEASE OF INFORMATION

I give my permission for (name of child) _____,
born (date of birth) _____, to have a baseline ImpACT® (Immediate Post-Concussion Assessment
and Cognitive Testing) test administered at The Laboratory Schools. I understand that my child may need to be
tested more than once, depending upon the results of the test. I understand there is no charge for the testing.

The Laboratory Schools may release the ImpACT test results to my child's primary care physician, neurologist,
other treating physician, or any licensed healthcare professional 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.

Signature of parent/guardian _____

Name of parent/guardian _____

Date _____

Please print the following information:

Physician/licensed healthcare professional _____

Practice or group name _____

Phone number _____

Student's home address (street address, city/state/zip)

Parent or guardian phone numbers:

Home _____

Preferred contact number: Home Work Mobile

Work _____

Preferred time to call (if necessary): _____ am/pm

Mobile _____