

Consent Form

ImPACT Baseline Concussion Testing

We have read the information provided by Montgomery County Public Schools (MCPS) and information outlined in the Health and Safety section of the Athletics page of the MCPS website regarding baseline concussion testing and ImPACT (Immediate Post-concussion Assessment and Cognitive Testing). We understand the contents and agree to complete baseline concussion testing in order to participate in interscholastic athletics. We also give our consent to have a retest administered in the event of a concussion. We know that it is our responsibility to request a retest (or multiple retests) from the school. The school will not automatically administer a retest in the event of a concussion or suspected concussion.

We understand that a student-athlete must be cleared by a medical professional in order to return to play following a concussion or suspected concussion. Results of the ImPACT test or retests do not have to be utilized in order to return to participation. But in many instances ImPACT tests can provide valuable information that can assist medical professionals in making decisions on when a student may safely resume participation. We understand that there is no cost to parents for retests.

Furthermore, we give permission for the school-assigned vendor to release the ImPACT results to our child's primary care physician, neurologist, or other testing physician, as indicated below. I/We also understand that general information about the test data may be provided to our child's guidance counselor and teachers, for the purpose of providing temporary academic modifications, if necessary, following a concussion.

Student Name: _____ Sport _____

Signature of Student-Athlete Date

Signature of Parent/Guardian Date

Name of physician: _____

Name of practice: _____

Phone number: _____

Student's home address: _____

Parent/guardian phone numbers (please indicate preferred contact number & time if necessary):

Home _____ Cell _____ Work _____