

Concussion Testing Release Form

Dear Parent/Guardian,

Your child's organization is currently implementing a program for your student-athlete. This program will assist physicians, clinicians, and licensed athletic trainers in evaluating and treating head injuries (e.g. concussions). In order to better manage concussions sustained by our student-athletes, Wisconsin Valley Athletic Medicine a partnership with Bone and Joint Clinic, Sport and Spine Clinic, The Achieve Center. Merrill Physical Therapy and Aspirus Weston Clinic have acquired a software tool called ImPACT™ (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT™ is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage head injuries.

Your organization is asking student-athletes to take the computerized exam before beginning contact sport practice or competition. This non-invasive test takes 30-35 minutes to complete. Essentially, the ImPACT™ test is a pre-season physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It however is not an IQ test.

If an athlete suffers a head injury and a concussion is suspected, the athlete will be referred to a physician or clinician for evaluation. The physician or clinician may instruct the athlete to take the post-injury ImPACT™ test. Both pre-season and post-injury test data will be available to physicians, neuropsychologists and clinicians who are member of WVAM or other ImPACT™ providers. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for your child. In addition, the pre-season and post-injury test data will be made available to the neuropsychologists at the University Of Pittsburgh Medical Center (UPMC) in the event their specialty is needed to help evaluate more significant injuries.

We wish to stress that the ImPACT™ testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. Your organizations' administration and coaching staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return this form with the appropriate signatures. A copy will be made upon request. If you have any further questions regarding this program please contact Brett Schulz Licensed Athletic Trainer 715-845-2942.

Sincerely,

Wisconsin Valley Athletic Medicine

PERMISSION SLIP

I have read and understood the above information and give permission for my son/daughter to participate in the ImPACT™ Concussion management Program. I also agree to allow my child's pre-season and post-injury test data to be shared with members of WVAM and UPMC, as described above.

Printed Name of Athlete _____ Sport _____

Signature of Athlete _____ Date _____

Signature of Parent _____ Date _____

I choose to decline concussion testing at this time.