



Consent Form ImPACT Baseline Concussion Testing

Note: This form is completed during the registration process for athletics.

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 have also read the MCPS document *Baseline Information for Parents/Guardians*, which outlines the fundamental principles and protocol regarding ImPACT baseline concussion testing. We understand the contents and agree to complete baseline concussion testing in order to participate in interscholastic athletics. A baseline concussion test is good for two years – a student-athlete would need to retake the test every two years.

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-athlete may safely resume participation. We understand that there is no cost to parents/guardians 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-Athlete Name: _____

Sport: _____

Signature of Student-Athlete

Date

Signature of Parent/Guardian

Date