





Consent Form

GROUP BASELINE COGNITIVE TESTING AND RELEASE OF INFORMATION

Conrad School District uses an innovative program for our student-athletes that will assist your family healthcare provider in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we use 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 concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed. If a concussion is suspected, the athlete will be required to retake the test. Both the preseason and post-injury test data can be given to your healthcare provider to help evaluate the injury.

I understand that my student-athlete must be cleared by a Licensed Healthcare Provider (LHCP) 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 obtain clearance for return to participation; however, in some instances ImPACT tests can provide valuable information that can assist medical professionals in making decisions on when a student-athlete may safely resume participation.

The ImPACT testing procedures are non-invasive and they pose no risks to your student-athlete. It is a computerized exam that takes approximately 30 minutes to complete. The Conrad School administration, coaching, and medical staff are striving to keep your child's health and safety at the forefront of the student athletic experience. If you have any further questions regarding this program please contact our school nurse at 406-970-4785 or our Athletic Director at 406-278-3285.

Work	Mobile
Home	Preferred contact number: Home Work Mobile
Parent or guardian phone numbers:	
Healthcare professional	Phone #:
Please print the following information:	
Name of parent/guardian	Date
Signature of parent/guardian	
other treating physician, or any licensed healthca	test results to my child's primary care physician, neurologist, are professional as indicated below. I understand that general to my child's guidance counselor and teachers, for the fications, if necessary.
the test. I understand there is no charge for the to	•
	ed to be tested more than once, depending upon the results of
born (date of birth) , to have	ve a baseline ImPACT® test administered at Conrad Jr./Sr.
I give my permission for (name of child)	