

Guardian Consent for ImPACT Testing & Release of Information



Dear Parent/Guardian,

Your child's school, in partnership with Baraga County Memorial Hospital (BCMh), has implemented an innovative program for our student-athletes. This program will assist physicians in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, BCMh has acquired a state-of-the-art 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.

The computerized test is administered to student athletes every two years before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data will be interpreted by BCMh's ImPACT trained physician and provided to the treating doctor to help evaluate the injury and determine when return-to-play is appropriate and safe for the injured athlete. Once the post-injury test is complete, athletes may be required to meet with their physician for a re-evaluation of the injury prior to returning to play. **IMPORTANT:** Both an ImPACT clearance and a medical clearance by a physician will be required to return-to-play.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to offer 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. The school administration, coaching staff, and Baraga County Memorial Hospital are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact ImPACT program coordinators, Pam Dove at 524-3449 or Sue Ingram at 524-6118.

Sincerely,

Your Baraga County ImPACT Concussion Team



CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

I give my permission for _____ born on ____/____/____
(Name of Student Athlete) *(Date of Birth)*

to have baseline and post-concussion ImPACT testing (Immediate Post-concussion Assessment and Cognitive Testing) administered by Baraga County Memorial Hospital (BCMh), Baraga/L'Anse Area Schools, or Sacred Heart School personnel. Baseline testing will be administered every two years and post-injury testing on an as needed basis. I understand that if my child has an invalid baseline test result, they may need to retest until a valid test is obtained. I further understand that, if injured, my child will require post-injury testing and may need to be tested more than once, depending upon the results of the test as compared to my child's baseline test. All test results are managed by Baraga County Memorial Hospital. I understand there is no charge for the testing.

I give permission to BCMH to release the interpreted ImPACT results to my child's primary care physician, or other treating physician. Furthermore, BCMH may contact the treating physician/facility to coordinate patient care.

I understand that test results may also be provided to my child's school, including the school nurse, coaches, guidance counselor, teachers and appropriate staff, for the purposes of providing temporary academic and/or athletic modifications, if necessary.

Name of legal parent or guardian: _____

Signature of legal parent or guardian: _____

Date: _____