

Dear Parent/Guardian,

Cardinal Newman High School is currently implementing an innovative, state mandated program for our student-athletes. This program will assist your child's doctor, our high school's athletic department and qualified health professionals in evaluating concussions. In order to better manage concussions sustained by our student-athletes, we 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 assist in the evaluation of 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 exam is typically given to athletes before beginning contact sports practice or competition. This non-invasive test is set up in "video-game" type format and takes about 30-45 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. It tracks information such as memory, reaction time, speed, and concentration. It is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the baseline and post-injury test data will be provided to you so that your child's doctor can evaluate the injury and determine whether your child can return to play. The test data will help enable the health professionals to determine when return-to-play is appropriate and safe for injured athletes. If an injury of this nature occurs to your child, you will be promptly contacted.

We are excited to implement this program given that it provides us the best available information for managing concussions. During test administration, we will be utilizing qualified staff from North Coast Concussion Management as well as school staff to proctor the initial baseline testing. All testing will be conducted at your child's school. Cardinal Newman High School administration and athletic department staffs 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 on the day of testing.**

Sincerely,
Jeffrey Nielson
Athletic Director
Cardinal Newman High School

For more information on concussions in high school sports go to:
http://www.cdc.gov/concussions/pdf/TBI_factsheets_PARENTS-508-a.pdf www.impacttest.com

Student Name: _____ Sport: _____

SPORTS CONCUSSION TESTING PROGRAM
CONSENT AND RELEASE FORM

I understand that pre-concussion baseline testing and post-concussion testing will be administered at me son/daughter's high school, and is part of the procedure for guiding their return to sports participation after injury. This testing is only one part of the criteria that will be used to determine the student's ability to return to play.

Procedures

- There is no charge for the Immediate Post Concussion Assessment and Cognitive Testing (ImPACT) to be conducted at the school. (More information is available at impacttest.com)
- If my son/daughter sustains a concussion, a qualified staff member will administer the post-injury test when my son/daughter is asymptomatic. This post-injury result will be compared with the baseline test.
- The post-injury test results will be reviewed by their qualified Health Care Provider to provide input regarding the next course of action. A qualified Health Care Provider is a licensed health care provider who is trained in the evaluation and management of concussions.
- A copy of the post-injury test will be sent to me
- On behalf of my child, I will consult with a concussion specialist outside the school system at my own cost to evaluate my child's health and whether my son/daughter should be allowed to return to play.
- Cardinal Newman High School is not providing medical coverage or reimbursement for any testing, assessment, follow-up, or rehabilitation beyond the initial test and any post-injury testing.

Limitations on Use of Information

- I understand that the concussion baseline is designed only as a tool for concussion management and not as an IQ test and will not be used for educational planning of placement decisions.
- Blows to the head may cause a variety of injuries other than concussions (e.g., neck injuries, more serious brain injuries). The sports concussion program is designed for concussions only. Your child must see his/her doctor as soon as possible to address all medical concerns.

Release of Liability

- To the fullest extent permitted by law, I hereby waive all claims against and release from liability to Cardinal Newman High School, Santa Rosa Junior College, and North Coast Concussion Management, their Governing Boards, officers, agents and volunteers and employees for any negligent acts or omissions arising from concussion testing activities.

Storage, Use of Information, and Confidentiality

- Cardinal Newman High School will appropriately safeguard protected individually identifiable health information made available to or obtained by CNHS from its students. CNHS will comply with applicable legal requirements relating to protected Health Information.
- Test results will be stored confidentially on a password protected secure website
- Information about the student’s recovery may be provided to the school nurse, guidance counselor, school psychologists, and/or teachers to provide temporary health or academic support.
- A copy of the post-injury test results will be sent to me in writing and, if I request, to my designated physician.

Acknowledgement and Consent

I have read this document completely and I understand the terms and conditions set forth above. I understand that this testing program is a requirement for sports participation. I consent to the administration of the concussion testing of my child under this program and to the release of my child’s testing information and related protected health information to the individuals specified in this form.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____

I acknowledge reading this consent and release form:

Student: _____

Official Use Only:
Last Name: DOB:
Grade: Sport: