ImPACT APPLICATIONS, INC.

ConcussionManagement.com

concussion@adhshl.com

Consent Form

GROUP BASELINE COGNITIVE TESTING AND RELEASE OF INFORMATION

I give my permission for (name of child) _____,

born (date of birth) _____, to have a baseline ImPACT® (Immediate Post-Concussion Assessment and Cognitive Testing) test. I understand that my child may need to be tested more than once, depending upon the results of the test. I understand there is no charge for the testing.

The Anaheim Ducks High School Hockey League/ Jr. Ducks may release the ImPACT test results to my child's primary care physician, neurologist, other treating physician, or any licensed healthcare professional as indicated below.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Signature of parent/guardian _____

Name of parent/guardian _____

Date _____ **Parents email** _____

Please print the following information: (optional)

Physician/licensed healthcare professional _____

Practice or group name _____

Phone number _____

Student's home address (street address, city/state/zip)

_____

Parent or guardian phone numbers: (required)

Home/Work _____ **Preferred contact number:** Home Work Mobile

Mobile _____ **Preferred time to call** (if necessary): _____ am/pm

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Demographic and Background Information

High School Team: **Tier Hockey Team:**

Date of Birth: _____month _____ date _____year

First Name: _____ Last Name:_____

Height: _____ft _____in Weight: _____ Gender: _____ male _____ female

Address:_____ City:_____ State:_____

- **Parents email (for test receipt):**_____

Handedness: _____ right _____ left _____ ambidextrous (both right and left)

Native Country / Region:_____

Native Language: _____

Second Language: _____ (only if fluent in speaking and writing)

Years of education completed excluding kindergarten: _____ (e.g., high school senior is 11 years)

Check any of the following that apply:

_____ Received speech therapy
_____ Attended special education classes
_____ Repeated one or more years of school
_____ Diagnosed attention deficit disorder or hyperactivity
_____ Diagnosed learning disability

While in school, what type of student were / are you? _____Below Average _____Average _____Above Average

Current Sport:_____ Other:_____

Current position: _____ (e.g., goalie, defense, forward)

Current level of participation: _____(e.g., high school, tier hockey)

Years of experience in HS League: _____ (0 - 4) Years of experience in tier league:_____

Concussion History

_____ Number of times diagnosed with a concussion (excluding current injury)
_____ Total number of concussions
_____ Total number of concussions that resulted in confusion
_____ Total number of concussions that resulted in difficulty with memory for events that occurred immediately after injury
_____ Total number of concussions that resulted in difficulty with memory for events that occurred immediately before injury
_____ Total number a games that were missed as a direct result of all concussions combined

Demographic and Background Information

CONTINUED

Please list your 5 most recent concussions:

_____	month	_____	year
_____	month	_____	year
_____	month	_____	year
_____	month	_____	year
_____	month	_____	year

Indicate if you have had any of the following:

_____ yes _____ no	Treatment for headaches by physician
_____ yes _____ no	Treatment for migraine headaches by physician
_____ yes _____ no	Treatment for epilepsy / seizures
_____ yes _____ no	Treatment for brain surgery
_____ yes _____ no	Treatment for meningitis
_____ yes _____ no	Treatment for substance abuse / alcohol abuse
_____ yes _____ no	Treatment for psychiatric condition (depression, anxiety)

Have you been diagnosed with any of the following?

_____ yes _____ no	ADD/ ADHD
_____ yes _____ no	Dyslexia
_____ yes _____ no	Autism

- **Date of your last concussion: _____ month _____ date _____ year**

Please list any **PRESCRIPTION** medication(s) you are currently taking:

_____

Have you taken an ImPACT test before? Yes:_____ No:_____

Computer # _____ (for administrative use)