AdventHealth | VOLUSIA COUNTY SCHOOLS

The Official Healthcare Champion of Volusia County Schools

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 administered within Volusia County Schools. 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. My child's Athletic Trainer 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

Please print the following information:

Physician/licensed healthcare professional	
Practice or group name	Phone number

Student's home address *(street address, city/state/zip)*	
Parent or guardian home phone	
Parent or guardian work phone	Preferred contact number: ☐ home ☐ work ☐ mobile
Parent or guardian mobile phone	Preferred time to call *(if necessary)* ☐ AM ☐ PM

ImPACT® APPLICATIONS, INC.

ConcussionManagement.com