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## Park Hill School District

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Dear Parent/Guardian,

Beginning the 2023-2024 school year, Park Hill School District will use a new concussion management software called Sway. Sway is an application-based program utilized by many professional, collegiate and high school sports programs across the country to help assess and manage head injuries. Sway will replace our use of the ImPACT Applications, which we have used for several years.

Sway is different from ImPACT in that it is administered on a mobile device, as it uses the device's accelerometer to measure reaction time and balance errors. It combines objective balance measures using accelerometer sensors that are already built into your mobile device and cognitive measures used to support healthcare professionals in performing accurate and informed evaluations.

Sway is available on both the Apple iOS and Android operating systems. **The app will have to be downloaded prior to administration of the baseline testing session.** We want to assure you that your student-athlete's data is not stored on their phone. As soon as they complete their baseline test, it is stored within the servers of Sway, and only the school's athletic trainers can assess that data.

The Sway testing procedures are safe and non-invasive. An app-based baseline test will be given to student-athletes before beginning athletic practices. This test is completed on a mobile device and includes modules involving balance, memory, reaction time and impulse control. **It, however, is not an IQ test.**

We are excited to implement this program because it allows us to better assess for concussions during a game or event. If a head injury occurs or a concussion is suspected, the student-athlete will be required to retake a test. The preseason and post-injury data will be used to help evaluate the injury. Information gathered can also be shared with a physician treating the injury. The test data provides qualified health professionals with the information needed to determine when an injured athlete may safely return to play. You can learn more information about Sway by visiting: <https://swaymedical.com>.

Park Hill School District administration, coaching and athletic training staff continuously strive to keep your child's health and safety at the forefront of the athletic experience. If you have any further questions regarding this program, please contact your school's athletic department.

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# Sway Medical Download

## Steps:

- Scan the QR code below or open the App Store on iPhone or Google Play on Android.
- Search Sway Medical
- Download Sway Medical App
  - No purchase is necessary to download Sway.
  - No in-app purchases are needed to use Sway.
- No personal data is stored on the App.



\*Once installed, you are finished. Further instructions will be provided upon initial concussion baseline and post-concussion testing.

## Apple iOS:



## Android/Google Play:





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## **Consent Form** BASELINE TESTING AND RELEASE OF INFORMATION

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I, \_\_\_\_\_, give my permission for my child,  
Print Full Name of Parent or Guardian

\_\_\_\_\_, to complete pre-concussion baseline  
Name of Child

testing with a qualified Park Hill School District staff member.

I understand my child may need to be tested more than once, depending on the results of the test. I understand there is no charge for the testing.

Park Hill School District utilizes a concussion management system called Sway. An administered concussion baseline test will combine objective balance measures and cognitive measures used by healthcare professionals in performing accurate and informed evaluations. In case of an injury or when treating an injury, Park Hill School District may release my child's result to my child's primary care physician, neurologist, other treating physician or any licensed healthcare professional involved in treating related conditions.

In the event of a concussion or other injury, I understand that, to the extent necessary, information regarding my child's condition may be provided to my child's school nurse, counselor and/or teachers for the purposes of providing temporary academic modifications.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date