**Sault Area Public Schools**
**Chippewa County Health Department/Sault Health Adolescent Care Center**

***ImPACT Concussion Assessment Consent Form***
***Permission to Release/Exchange Information***

The Sault Area Public Schools is implementing an innovative program for our student athletes. This program will assist our team athletic trainers and the Nurse Practitioner from the Sault Health Adolescent Care Center (SHACC) in evaluating and treating 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). 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 given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is essentially a pre-season physical of the brain, tracking information such as memory, reaction time, speed and concentration.

If a concussion is suspected, the athlete will be required to re-take the test. ***Both the pre-season and post-injury data will be given to the Nurse Practitioner at the SHACC to help evaluate the injury and determine when your student athlete can return to play.***
***In the event of a concussion, the Nurse Practitioner will share this information with your student athlete's primary care physician as well.*** The test data will enable these health professionals to determine when return-to-play is appropriate and safe for your injured athlete.

Once again, the ImPACT testing procedures are non-invasive and pose no risks to your student athlete. ImPACT will provide us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions.

**By signing below, I agree to all of the following:**

- **Consent for my student athlete to participate in the ImPACT Concussion Management Program**
- **Consent for the SHACC to hold all pre-season test results and any post-injury results**
- **Consent for the SHACC Nurse Practitioner to provide information to my student athlete's primary care physician in the event of an injury**
- **I understand that in the event of an injury, information regarding treatment may be released to third party payers or others for the purpose of receiving payment for services. If required by law, separate release forms will be used at the time of service**

_____ **Date**_____ _____ **Date**_____
**Student Athlete** **Parent/Guardian**

**Primary Care Physician:** _____ **Date**_____