ImPACT® APPLICATIONS, INC.

ConcussionManagement.com

What is ImPACT?

INFORMATION FOR TEST TAKERS, PARENTS AND GUARDIANS

1. What is ImPACT?

ImPACT is an **objective tool to support trained healthcare providers in making sound return to activity decisions following concussions.** It's a computerized test that **measures memory, attention span, visual and verbal problem solving.** ImPACT has two primary uses: before the onset of an activity, a **baseline test** is conducted to measure the athlete's performance baseline. In the event of an injury, a **post-injury test** is administered and compared to the baseline and/or normative data scores.

2. Why use ImPACT?

Neurocognitive testing is the **"cornerstone" of modern concussion management.** It gives healthcare providers **objective data** to evaluate a patient's post-injury condition and aids in tracking recovery for **safe return to activity.**

3. Who is currently using ImPACT?

Thousands of **high schools, colleges, and universities**, thousands of **clinical centers**, hundreds of **Credentialed ImPACT Consultants**, hundreds of **professional teams**, and select **military units** choose ImPACT to assist in the management of concussion. Since 2002, ImPACT has served tens of millions of individual test takers.

4. ImPACT is NOT:

- **A diagnostic test.** ImPACT is one tool that can be used by medical professionals to help measure an individual's recovery from a concussion.
- **A one step solution to concussions.**
- **A preventative tool.** Nothing can truly prevent concussions.
- **A substitute for medical treatment or management.**
- **A replacement for a CT scan, MRI or other medical technology.**

Dear Families,

Croton-Harmon Union Free School District plans to utilize the software applications and services of ImPACT Applications, Inc. to help its administrators, school nurses, and athletic supervisors, trainers and coaches assess and evaluate whether a student athlete participating in certain sports has experienced a concussion. To utilize the software applications and services of ImPACT Applications, Inc. with respect to a student being assessed and evaluated, Croton-Harmon Union Free School District will share personally identifiable information of the student athlete with ImPACT Applications, Inc., including the student's name, the name of the student's parent/guardian, contact information for the student and his/her parent/guardian (e.g. address, phone number, email), demographic information concerning the student (e.g. age, gender, language preference, school attended, sports participated in) and health related information (e.g. symptoms, concussion history, and medical history related to concussions, and test results).

Any questions related to Croton-Harmon Union Free School District's use of the software applications and services of ImPACT Applications, Inc. can be directed to Christine Drago, Director of Health, Wellness, Physical Education & Athletics, at (914) 271-1209, Christine.Drago@chufsd.org.
Croton-Harmon Union Free School District seeks your consent to disclose the above-described personally identifiable information concerning your child with ImPACT Applications, Inc.

By signing below, I CONSENT to Croton-Harmon Union Free School District disclosing to ImPACT Applications, Inc. my child's name, my name, contact information for my child and I (e.g. address, phone number, email), demographic information concerning my child (e.g.age, gender, language preference, school attended, sports participated in) and my child's health related information (e.g. symptoms, concussion history, and medical history related to concussions, and test results).

Thank you for your continued support and engagement with our school community. We want to inform you that participation in the upcoming Impact test is not mandatory for students. While we encourage all students to take advantage of this opportunity, we respect each family's decision regarding participation.

Signature (must be 18 years or older):_____

Name:_____
Date:_____

Queridas familias,

El Distrito Escolar Libre Croton-Harmon Union planea utilizar las aplicaciones de software y los servicios de ImPACT Applications, Inc. para ayudar a sus administradores, enfermeras escolares y supervisores atléticos, entrenadores y entrenadores a valorar y evaluar si un estudiante atleta que participa en ciertos deportes ha experimentado una conmoción cerebral. Para utilizar las aplicaciones de software y los servicios de ImPACT Applications, Inc. con respecto a un estudiante que está siendo evaluado, el Distrito Escolar Libre Croton-Harmon Union compartirá información de identificación personal del estudiante atleta con ImPACT Applications, Inc., incluido el nombre del estudiante. , el nombre del padre/tutor del estudiante, información de contacto del estudiante y su padre/tutor (por ejemplo, dirección, número de teléfono, correo electrónico), información demográfica relativa al estudiante (por ejemplo, edad, sexo, preferencia de idioma, escuela a la que asiste, deportes participaron) e información relacionada con la salud (por ejemplo, síntomas, antecedentes de conmociones cerebrales e antecedentes médicos relacionados con conmociones cerebrales y resultados de pruebas).

Cualquier pregunta relacionada con el uso que hace el Distrito Escolar Libre Croton-Harmon Union de las aplicaciones de software y los servicios de ImPACT Applications, Inc. puede dirigirse a Christine Drago, Directora de Salud, Bienestar, Educación Física y Atletismo, al (914) 271-1209, Christine.Drago@chufsd.org.

El Distrito Escolar Libre Croton-Harmon Union solicita su consentimiento para divulgar la información de identificación personal descrita anteriormente sobre su hijo con ImPACT Applications, Inc.

Al firmar a continuación, doy mi consentimiento para que el Distrito Escolar Libre Croton-Harmon Union divulgue a ImPACT Applications, Inc. el nombre de mi hijo, mi nombre, información de contacto para mi hijo y para mí (por ejemplo, dirección, número de teléfono, correo electrónico), información demográfica relativa a mi hijo. (por ejemplo, edad, sexo, preferencia de idioma, escuela a la que asistió, deportes que participó) y la información relacionada con la salud de mi hijo (por ejemplo, síntomas, historial de conmociones cerebrales e historial médico relacionado con conmociones cerebrales y resultados de pruebas).

Gracias por su continuo apoyo y compromiso con nuestra comunidad escolar. Queremos informarles que la participación en la próxima prueba de Impacto no es obligatoria para los estudiantes. Si bien animamos a todos los estudiantes a aprovechar esta oportunidad, respetamos la decisión de cada familia con respecto a la participación.

Firma (debe tener 18 años o más):_____
Nombre:_____
Fecha:_____