

SOUTH MIDDLE SCHOOL 2011

Concussion History, Concussion Management Program & ImPACT Consent Form

Student Athlete Name _____ is in **7th** **8th** grade (circle one)
Please print

Sports your child may participate in _____
Please print

Concussion History

Has your son/daughter sustained any concussions in the past? YES NO

If yes, please list the dates of all previous concussions:

Concussion Management Program

I have read the attached information regarding the Concussion Management Program. I understand its contents. Should I have any questions, I will contact the athletic director or athletic trainer.

Parent/Guardian Name _____ Contact Phone # _____

Parent Signature _____ Date _____



Consent for ImPACT Testing

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I agree to have my son/daughter participate in the ImPACT Concussion Management Program.

Parent Signature _____ Date _____