

# SOUTH MIDDLE SCHOOL

Dear Parent/Guardian,

In order to better manage concussions sustained by our student-athletes, we have established the following Concussion Management Program and acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a concussion during competition, ImPACT, a very valuable tool, is used to help determine the severity of concussion 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 20-25 minutes to complete. The ImPACT test poses no risks to your student-athlete. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, *is not an IQ test*. Both the preseason and post-injury ImPACT test data is used to help evaluate the injury. The ImPACT test data will enable the evaluating health professional(s) to determine when return-to-play is appropriate and safe for the injured athlete. Your child’s test data may be made available to persons other than the physician or clinician evaluating your child, as follows:

- The physician or clinician evaluating your child may choose to make your child’s test data available to other health care providers who are being consulted regarding the treatment of your child.

Utilizing this program provides us the best available information for managing concussions and preventing potential brain damage or serious harm that can occur from returning to sports participation too early or from multiple concussions.

## ***Concussion Management Program***

If a concussion is suspected, it will be required that the athlete be evaluated by the athletic trainer at school and possibly take a post-concussion ImPACT test. If an injury of this nature occurs to your child, you will be promptly contacted and follow-up care recommendations given. The athlete will be required to be evaluated by a physician and asymptomatic before return to athletic participation. Return to participation is determined on an individual basis since every head injury is different. *Written permission from the evaluating physician will be required before the athlete is allowed to return to participation.* It is recommended that the athlete be returned to full participation on a gradual basis and that they are completely symptom free. If an athlete does not appear asymptomatic after the physician’s note to return to activity, they must have another medical check prior to activity.

The South Middle School administration, coaching, and athletic training staffs are striving to keep your child’s health and safety at the forefront of the student athletic experience. Should you have any questions, please contact the athletic director or athletic trainer. More information regarding the ImPACT test can be found at [www.impacttest.com](http://www.impacttest.com).



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## Concussion History, Concussion Management Program & ImPACT Consent Form

Student Athlete Name \_\_\_\_\_ is in **7<sup>th</sup>** **8<sup>th</sup>** 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 \_\_\_\_\_