

**Letter to Parents for ImPACT® Baseline Screening**

Greetings Parents,

We would like to thank you for taking the time to have your athlete participate in baseline screening. The issue of concussions continues to be a hot topic in the sports world and implementing a baseline screening program for your athlete is an excellent step to ensuring that they are able to return to play safely should they be injured.

Your athlete will be completing the ImPACT® Computerized Neurocognitive Testing. ImPACT® is an objective measure of brain processing speed, memory, reaction time, and visual motor skills. It is accomplished through a 30-minute interactive, computerized test. This assessment evaluates the systems most commonly affected by concussion and give clinicians an idea of how the brain functions when healthy, in order to help determine when an athlete is back to normal following injury. This test is the standard of care for the NFL, NHL, MLB, and most NCAA institutions. It is also supported by an ever growing number of physicians that are located throughout the country that specialize in interpreting the outcomes of the test which allows for them to utilize the information to make better return to play decisions.

The assessment is administered by trained personnel in a quiet, standardized testing environment to ensure best performance by the athlete. This environment allows for the test results to provide accurate information regarding the athlete's cognitive function performance for attention span, working memory, non-verbal problem solving and reaction time. Each athlete's results are held electronically in a secure, password protected database provided by ImPACT® and we can access these results at any time.

This information we gather is for baseline screening use only. **This screening is not intended to be a diagnostic tool.** The purpose of this screening is to have information that pertains to how your athlete functions in a normal state and to compare this objective data to your athlete, if they were to sustain a concussion. In the event that your athlete suffers a concussion, the baseline screening would be utilized as part of the concussion management and follow-up care program with a qualified health professional. This information will not be utilized as an on field screening assessment to determine if they can go back into the game. It is intended to be utilized in an office setting as part of a concussion management program. It would also not be utilized in an emergency room or urgent care setting. Any fees incurred by parents or participating sports organization are set up to cover the cost of the assessments and staff required to proctor the assessment. Again, we thank you for taking the time to have your athlete participate in our BrainStamp™ Baseline Screening Program!

**Consent for Medical Screening for Child and Medical Information**

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

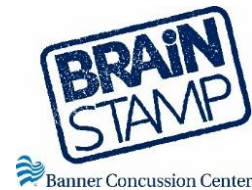
I give consent to the Banner Concussion Center to administer baseline concussion screening and have read the accompanying "Letter to Parents" explaining the assessments being completed.

Parent Signature: \_\_\_\_\_ Parent Printed Name: \_\_\_\_\_

Relationship: Mother ( )      Father ( )      Legal Guardian ( )

Contact # (required): \_\_\_\_\_

Email (required): \_\_\_\_\_



**Office Use Only -**

Parent/guardian had the opportunity to ask questions and have no further questions at this time.  Yes

Staff Proctor: \_\_\_\_\_ Staff Signature: \_\_\_\_\_