



St. Luke's Concussion Clinic Consent Form

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

I have read the attached Parent/Guardian Letter and understand its contents. I agree to participate in the baseline ImPACT testing at St. Luke's Sports Medicine Concussion Clinic.

Printed Name of Athlete: _____

Athlete's Date of Birth: _____

Sport: _____

Youth Sport Organization/Club/School: _____

Signature of Athlete

Date

Signature of Parent/Guardian

Date

* This consent form must be completed and brought to the baseline ImPACT testing appointment.