



Dear Parent/Guardian,

USD 305 is continuing an innovative program for its student-athletes. This program will assist team physicians and athletic trainers in evaluating and treating head injuries such as concussion. The program will help us manage concussions sustained by student-athletes. This program was introduced during the 2011-12 school year.

Salina Regional Health Center has acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam. It used 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 head injury during competition, ImPACT is used to help determine the severity of head injury. It is also used to help determine when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This test is non-invasive. It is set up in "video-game" format and takes about 15-20 minutes to complete. It is simple, and many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It is not an IQ test. Participation in this program is voluntary. The pre-season ImPACT test is free.

The ImPACT testing procedures pose no risks to your student-athlete. We are excited to implement this <u>voluntary program</u>. It provides valuable information. It may help prevent potential brain damage that can occur with multiple concussions. The USD 305 administration, coaching, and athletic training staffs wish to keep your child's health and safety at the forefront of the student athletic experience.

The tests are suggested to be renewed every two years.

If you wish to participate, please return the consent form with the appropriate signatures to your son/daughter's school by the date given at your school. We will administer the ImPACT test at the school. If you have any further questions please contact your school's athletic office.





## Consent Form

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

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete		
Sport	<u>.                                    </u>	
Signature of Athlete	Date	
Signature of Parent	Date	