

**Consent Form**

**ImPACT Baseline Concussion Testing**

*Note: This form is completed during the online registration process for athletics.*

We have read the information provided by Montgomery County Public Schools (MCPS) and information outlined in the *Health and Safety* section of the Athletics page of the MCPS website regarding baseline concussion testing and ImPACT (Immediate Post-concussion Assessment and Cognitive Testing). We have also read the MCPS document *Baseline Information for Parents/Guardians*, which outlines the fundamental principles and protocol regarding ImPACT baseline concussion testing. We understand the contents and either agree to complete baseline concussion testing in order to participate in interscholastic athletics or choose to opt out of baseline concussion testing. Student-athletes are encouraged to complete a baseline test one time, prior to their initial participation in the MCPS interscholastic athletics program.

Should we choose to participate in baseline concussion testing for our child(ren), we also give our consent to have a retest administered in the event of a concussion, if necessary. We know that health care professionals may recommend a retest or it is our responsibility to request a retest (or multiple retests) from the school. The school will not automatically administer a retest in the event of a concussion or suspected concussion.

We understand that a student-athlete must be cleared by a Licensed Healthcare Provider (LHCP) trained in the evaluation and management of concussions in order to return to play following a concussion or suspected concussion. Results of the ImPACT test or retests do not have to be utilized in order to obtain clearance for return to participation; however, in some instances ImPACT tests can provide valuable information that can assist medical professionals in making decisions on when a student-athlete may safely resume participation. We understand that there is no cost to parents/guardians for retests.

Furthermore, we give permission for the school-assigned vendor to release the ImPACT results to our child's LHCP. I/We also understand that general information derived from the test data may be provided to our child's guidance counselor and teachers, for the purpose of providing temporary academic modifications, if necessary, following a concussion.

Student-Athlete Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Sport: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**DEPARTMENT OF ATHLETICS**