

I,, agree to have my child,	, agree to have my child,				
(athlete) take the ImPACT base-line Te	est on				
(date). The base-line test can be taken every 2 years	•				
If an injury should occur and post-concussion testing is sought, the recommendation Dr. Ward or Dr. Gage for an athlete to return to competitive sports and other active that have a risk for concussion are being made solely on the basis of the ImPACT Tascores. Dr. Ward and Dr. Gage have not personally examined the athlete and the first determination regarding return to competitive sports should be made by the parents/guardian in consultation with the team athletic trainers and physicians.	ities Test				
When the athlete is registered on the ImPACT Site to take the Test, he/she will be required to submit information which could be used to personally identify him/her. athlete registers to take the Test, he/she will also be required to provide ImPACT winformation concerning his/her health, including his/her weight, height, current and treatments and medications, symptoms, and other related medical information. In office the Test and other aspects of the ImPACT Site to be beneficial to you and operathe manner they were designed to operate, the athlete must provide Personal Medical Information and Personally Identifiable Information that is accurate and complete.	rith I past order te in				
Parent/Guardian Signature Date					
Athlete Signature H:\Dennis\ImpACT Consent Form.doc					