



ConcussionManagement.com

ADHSHL email: concussion@adhshl.com

Consent Form

GROUP BASELINE COGNITIVE TESTING AND RELEASE OF INFORMATION

I give my permission for (name of child) _____
born (date of birth) _____, to have a baseline ImPACT® (Immediate Post-Concussion Assessment and Cognitive Testing) test. I understand that my child may need to be tested more than once, depending upon the results of the test. I understand there is no charge for the testing.

The Anaheim Ducks High School Hockey League/ Jr. Ducks may release the ImPACT test results to my child's primary care physician, neurologist, other treating physician, or any licensed healthcare professional as indicated below.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Signature of parent/guardian _____

Name of parent/guardian _____

Date _____ Parents email _____

Please **print** the following information: (optional)

Physician/licensed healthcare professional _____

Practice or group name _____

Phone number _____

Student's home address (street address, city/state/zip)

Parent or guardian phone numbers: (required)

Home/Work _____

Preferred contact number: Home Work Mobile

Mobile _____

Preferred time to call (if necessary): _____ am/pm



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Demographic and Background Information

High School Team: _____

Tier Hockey Team: _____

Date of Birth: _____ month _____ date _____ year

First Name: _____ Last Name: _____

Height: _____ ft _____ in Weight: _____ Gender: _____ male _____ female

Address: _____ City: _____ State: _____

• Parents email (for test receipt): _____

Handedness: _____ right _____ left _____ ambidextrous (both right and left)

Native Country / Region: _____

Native Language: _____

Second Language: _____ (only if fluent in speaking and writing)

Years of education completed excluding kindergarten: _____ (e.g., high school senior is 11 years)

Check any of the following that apply:

- Received speech therapy
- Attended special education classes
- Repeated one or more years of school
- Diagnosed attention deficit disorder or hyperactivity
- Diagnosed learning disability

While in school, what type of student were / are you? _____ Below Average _____ Average _____ Above Average

Current Sport: _____ Other: _____

Current position: _____ (e.g., goalie, defense, forward)

Current level of participation: _____ (e.g., high school, tier hockey)

Years of experience in HS League: _____ (0 - 4) Years of experience in tier league: _____

Concussion History

- Number of times diagnosed with a concussion (excluding current injury)
- Total number of concussions
- Total number of concussions that resulted in confusion
- Total number of concussions that resulted in difficulty with memory for events that occurred immediately after injury
- Total number of concussions that resulted in difficulty with memory for events that occurred immediately before injury
- Total number a games that were missed as a direct result of all concussions combined

Demographic and Background Information

CONTINUED

Please list your 5 most recent concussions:

_____ month _____ year
_____ month _____ year
_____ month _____ year
_____ month _____ year
_____ month _____ year

Indicate if you have had any of the following:

____ yes ____ no Treatment for headaches by physician
____ yes ____ no Treatment for migraine headaches by physician
____ yes ____ no Treatment for epilepsy / seizures
____ yes ____ no Treatment for brain surgery
____ yes ____ no Treatment for meningitis
____ yes ____ no Treatment for substance abuse / alcohol abuse
____ yes ____ no Treatment for psychiatric condition (depression, anxiety)

Have you been diagnosed with any of the following?

____ yes ____ no ADD/ ADHD
____ yes ____ no Dyslexia
____ yes ____ no Autism

- **Date of your last concussion:** _____ month ____ date ____ year

Please list any **PRESCRIPTION** medication(s) you are currently taking:

Have you taken an ImPACT test before? Yes: _____ No: _____



Computer # _____ (for administrative use)

