

ImPACT Testing Consent Form

Testing Date & Time: _____

Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information and 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.

Please bring this sheet with you the day of your baseline ImPACT test. You will not be allowed to take the test unless you have this sheet with you.

Printed Name of the Athlete: _____

School: _____

Grade: _____

Sport: _____

Signature of Athlete: _____

Date: _____

Signature of Parent: _____

Date: _____