

Appendix D

Clarke County High School Concussion Form

Dear Parent/Guardian,

Valley Health has provided our high school with an opportunity to use an innovative program for our student-athletes. The program is called ImPACT™ (Immediate Post Concussion Assessment and Cognitive Testing) and is a computerized exam that the athlete takes prior to the season. If the athlete is believed to have suffered a head injury, he or she re-takes the test to help determine a) the extent of the injury, b) the location of the injury, and c) when the injury has healed. The system is used throughout professional sports, has been mandated in the NHL, and is fast becoming the “gold standard” in recognizing and better managing concussion-type injuries. The University of Pittsburgh Medical Center’s Sports Concussion Program is the founding group of this software (www.impacttest.com).

The test takes about 15-20 minutes. The program is basically set up as a “video-game” type format. What it is doing is giving the brain a preseason physical of its cognitive abilities. It tracks information such as memory, reaction time, processing speed, and concentration. It is simple, and actually most who take it enjoy the challenge of the test. If a concussion is suspected, the test is re-taken, parents are notified, and the information is shared with your student’s physician to help determine when return to play is appropriate and safe.

Mariecken Fowler, MD, board-certified neurologist of Winchester Neurological Consultants, and John Lewis, PsyD, neuropsychologist of Neuropsychology Associates of Winchester, have successfully completed the ImPACT™ Concussion Management Software Training Workshop and will be involved throughout the year in monitoring the program. This program does not replace the involvement of your family physician with your student’s general healthcare. If there is evidence of cognitive dysfunction related to a concussion, a physician’s release will be required before your student returns to play.

The administration, coaches, and athletic training staffs are trying to keep your child’s health and safety at the forefront of the high school athletic experience. Please sign the section below and return it to the athletic department in order for your student to participate. If you have any questions regarding this program please feel free to contact me.

Sincerely,

Lindsay Griego MS, ATC
griegol@clarke.k12.va.us

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

I have read the above information. My parent(s) and I agree to participate in the ImPACT™ Concussion Management Program.

- (Please check one)*
- Parent consents for student athlete to take the ImPACT™ test.
 - Parent does not give consent, and athlete will not be tested.
 - Athlete has had ImPACT™ baseline testing within the past two years at this school.

Printed Name of Athlete _____

Sport(s) in which Athlete Participates _____

Signature of Athlete _____ Date _____

Signature of Parent _____ Date _____