

JDHS Impact Testing information and consent form

Jonathan Dayton High School Concussion Education Consent for Cognitive Testing (ImPACT) and Release of Information Form I give my permission for (Student) to have a baseline and post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered through Jonathan Dayton High School.

I understand that baseline testing will be done from home via the JDHS sports website. I understand that Post- Injury testing will be done under the supervision of JDHS staff. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which is on file at JDHS.

I understand there is no charge for this testing. Jonathan Dayton High School may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician, 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. The student athlete and I acknowledge that we have read this educational form in its entirety and are comfortable with the risk of head injury associated with athletic participation.