

Student Name: _____

SPORTS CONCUSSION TESTING and RELEASE of INFORMATION

I understand that voluntary pre-concussion baseline testing and post-concussion testing will be administered at my son/daughter's high school. Information generated from the tests may help guide medical expert's treatment options after a student's suffers a head injury playing sports. This testing is only one part of the criteria used to determine the student's ability to return to play.

Procedures

- There is no charge for the Computerized Concussion Assessment Test (ImPACT) to be conducted at the school. (More information at impacttest.com)
- If my son/daughter sustains a concussion, the post-injury test will be administered by the athletic trainer when my son/daughter is asymptomatic.
- The post-injury test results will be reviewed by the certified athletic trainer and the authorized consulting neurologist. An appropriate course of action will be determined.
- Upon written request, a copy of the post-injury test results will be sent to me.
- I may choose to consult with a concussion specialist outside of the school system at my own cost to assist my son/daughter's recovery.
- The Anne Arundel County Public School System (AACPS) is not providing medical coverage or reimbursement for any testing, assessment, follow-up, or rehabilitation beyond the initial post-injury concussion test.

Limitations on Use of Information

- **I understand that the concussion baseline is designed only for concussion management and not as an IQ test and will not be used for educational planning or placement decisions.**
- **It is important to recognize that blows to the head can cause a variety of injuries other than concussions (e.g., neck injuries, more serious brain injuries). ImPACT testing is designed for concussions only. You should see your doctor as soon as possible to address any other medical concerns.**

Storage, Use of Information, Persons Authorized Access, and Confidentiality

- Anne Arundel County Public School System (AACPS) will appropriately safeguard protected individually identifiable health information made available to or obtained by AACPS from its students. AACPS will comply with applicable legal requirements relating to protected Health Information.
- Test results will be stored confidentially on a password protected secure website.
- Only the following individuals will have access to the test results: School's athletic trainer and athletic director, consulting neurologist, AACPS Coordinator of Athletics, and any physician designated by parent/guardian.
- Information about the student's recovery may be provided to the school nurse, guidance counselor, school psychologist, and/or teachers to provide temporary health or academic support.
- Upon written request, a copy of the post-injury test results will be sent to me in writing.

Acknowledgement and Consent

I have read this document completely and I understand the terms and conditions set forth above under Procedures, Limitation on Use of Information, and Storage, Use of Information, Persons Authorized Access, and Confidentiality. The concussion testing program is available on a voluntary basis. I consent to the administration of the concussion testing of my child under this program and to the release of my child's testing information and related protected health information to the individuals specified in this form.

Name of parent or guardian: _____

Signature of Parent or guardian

Date

(Parent/Guardian Phone Number # 1)

(Parent/Guardian Phone Number # 2)

Official Use Only:

Last Name:
Grade:

DOB:
Sport: