



August 1, 2012

Dear Parent or Guardian,

In effort to best serve our student athletes, Strake Jesuit College Preparatory is beginning to implement an innovative program. This program will assist our athletic trainers and team physicians in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student athletes, we have acquired a software tool called ImPACT (Image Post Concussion Assessment and Cognitive Testing). ImPACT is a computer exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury, during competition, Impact is used to help determine the severity of the head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in web page type format and takes about 30-45 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a pre-season physical of the brain. If an injury of this nature occurs to your child, you will be promptly contacted with all of the details.

I wish to stress that the ImPACT test procedures are non-invasive, and they pose no risks to your student athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Strake Jesuit administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athlete experience.

Please return the attached page with the appropriate signatures. If you have any further questions regarding this program, please feel free to contact me: mcrowley@strakejesuit.org

Sincerely,

Mike Crowley
Athletic Director
Strake Jesuit College Preparatory



Consent Form

CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

I give my permission for (name of child) _____

(child's date of birth) _____

to have a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Strake Jesuit. 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 Strake Jesuit. I understand there is no charge for the testing.

Strake Jesuit 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.

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of doctor: _____

Name of practice or group: _____

Phone number: _____

Student's home address: _____

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):

_____ (H) _____ (W)

_____ (cell)