



CONSENT/OPT-OUT PERMISSION FORM FOR:

Name of Student (please print) _____

Either the consent or opt-out sections must be signed for your child to participate in Blanchet high school football, soccer, basketball, baseball, and/or softball.

CONSENT FOR ImPACT COGNITIVE TESTING AND RELEASE OF INFORMATION

I acknowledge receipt of a letter pertaining to the ImPACT Concussion Management Program. I understand that the Blanchet Catholic School Athletic Department will begin using this program during the 2018-2019 school year to provide Blanchet’s team trainer and/or my treating physician with the best available information for managing concussions. I understand the test procedures and the purpose of baseline/post injury testing. I am aware that the information gathered will be used for the sole purpose of injury management under the direction of a treating physician.

Based on the information provided, I give my child permission to take part in baseline testing. In the event that a treating physician requests post-injury ImPACT test(s), I give my child permission to take these post-injury ImPACT Tests. I authorize the release of the baseline and post-injury ImPACT Test results to the treating physician.

I understand that in the event of an injury, general information about my child’s condition may be given to my child’s advisor, counselor, school administrator, school health professionals, learning specialist, and/or teachers for the purposes of providing temporary academic modifications, if necessary, but that no specific test results will be shared.

Name of Parent (please print) _____

Signature of Parent _____ Date _____

OPT-OUT FOR ImPACT COGNITIVE TESTING

I acknowledge receipt of a letter pertaining to the ImPACT Concussion Management Program. I decline the opportunity to allow my child to participate at this time. My child will not receive a baseline ImPACT test and will not have access to post-injury testing. I will contact the Blanchet Athletic Department to schedule a convenient test date if I wish to have my child participate in the future.

Name of Parent (please print) _____

Signature of Parent _____ Date _____