(Revised 7/1/20)

FRANCIS HOWELL SCHOOL DISTRICT

Consent for Cognitive Testing and Release of Information

MANDATORY FOR FRESHMAN, JUNIORS OR NEW STUDENTS – TESTING MUST BE COMPLETED BEFORE TRY-OUTS FOR: BASEBALL, BASKETBALL, FOOTBALL, CHEERLEADING, COLOR GUARD, LACROSSE, SOCCER, SOFTBALL, TRACK (VAULTERS & JUMPERS), VOLLEYBALL, WINTER GUARD AND WRESTLING

I give my permission for (name of child) _____

Student ID#: _____ Child's date of birth: _____ Grade: _____

To have a baseline and, if necessary, a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Francis Howell Central High School. 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 Francis Howell Central High School. I understand there is no charge for the testing.

Francis Howell Central High School may release the ImPACT results to my child's primary care physician, neurologist, school athletic trainer, school nurse, Dr. Brandon Larkin (District ImPACT Coordinator), 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 physician: _____

Name of practice of group: _____

Phone number: _____

Student's home address: _____

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

_____(H) _____(W)

_____(cell)