



Hess Memorial Hospital
Fair View Home
Crest View Home
Terrace Heights

Delton Family Medical Center
Elroy Family Medical Center
Necedah Family Medical Center
Hess Home Health

Permission for Licensed Athletic Trainer
To Treat an Injured Athlete

I hereby authorize a Licensed Athletic Trainer to treat injuries that may occur to my child during athletics. Injuries including, but not limited to, sprains, strains, fractures, cuts, abrasions, concussions, dislocations, and other athletic injuries. During an emergency the Licensed Athletic Trainer (LAT) may do what is necessary to ensure the safety and health of my child, such as begin treatment, activate the EMS system if necessary, and contact the parent/guardian. The LAT will consult the parent/guardian about further treatment the child might need. As a parent/guardian you always have the right to take your child to your family physician or specialist at any time. If a physician is consulted, please remember to obtain documentation from the visit for the athletic trainer.

Athlete's Name Printed: _____ Birth Date: _____

Athlete's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I hereby release the Licensed Athletic Trainer (LAT) to inform appropriate coaching staff, school staff, as well as other health care professionals as deemed necessary, of my child's injury and changes in injury status as they occur.

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Dear Parent/Guardian,

Your sports organization is currently implementing an innovative program for evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by its student athletes, your sports organization has acquired a software tool called ImPACT™ (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT™ is a computerized exam developed by concussion experts at the University of Pittsburgh Medical Center (UPMC) and is used to assist with the diagnosis and management of head injuries in many professional, collegiate and high school sports programs across the country. Neurocognitive tests – such as ImPACT™ – are fast becoming the “gold standard” in recognizing and managing head injuries.

Your sports organization is asking student athletes to take the computerized exam before beginning contact sport practice or competition. This test is set up in a “video-game” type of format and takes about 20 to 25 minutes to complete. The ImPACT™ test is a pre-season physical of the brain. It tracks information such as memory, reaction time, speed and concentration; but it is not an IQ test. The ImPACT™ test is non-invasive and poses no risk to your child.

If your child experiences a head injury and a concussion is suspected, your child will be referred to a physician or clinician for evaluation. The physician or clinician may recommend that your child take the post-injury ImPACT™ test. The healthcare organization will maintain your child’s pre-season and post-injury test data, if any, on a secure server maintained by ImPACT™. Your child’s test data will only be available to that healthcare organization, except as described below. If your child sustains a head injury, you will be contacted with additional details about how to proceed.

Your child’s test data may be made available to persons other than the physician or clinician evaluating your child, as follows:

- The physician or clinician evaluating your child may choose to make your child’s test data available to other healthcare providers who are being consulted regarding treatment of your child.
- Your child’s test data may also be utilized by UPMC to treat other athletes with similar head injuries, or in studies conducted by UPMC on head injuries. However, the identity of your child will not be disclosed to UPMC if test results are used for these purposes.

Your child’s health and safety are at the forefront of the student athlete experience, and we are excited to implement this program. Please complete and return a copy of the permission slip found on the back of this letter. If you have further questions regarding this program, please feel free to contact the provider testing your child.

Sincerely,

Mile Bluff Medical Center – Athletic Training Staff.

PERMISSION SLIP

I have read and understand the information presented to me about ImPACT™ and give permission for my child to take the ImPACT™ Baseline Concussion Test.

Printed name of athlete _____

Signature of athlete _____

Date _____

Signature of parent /guardian _____

Date _____

Additional information about ImPACT™ can be found at
www.impacttest.com