

CONSENT FOR COGNITIVE TESTING

I give my permission for (name of self (adult) or child) _____ to have a baseline ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered by Swedish Spine, Sports & Musculoskeletal Medicine. I also agree that my child may have a post-concussion test in the event he/she sustains a concussion. I understand that my child may need to be tested more than once, depending upon the results of the test as compared to national norms and my child's baseline test, if available. Baseline test results will be kept on file and no formal report will be generated. These results can then be used in the future for comparison should you suffer a concussion. Also, data collected from this testing may be used for research to help further understand the nature of concussion and brain injury. All personal identifying information will be removed for research purposes. We believe that there is no risk or identified harm for such participation.

Swedish Spine, Sports & Musculoskeletal Medicine may release the ImPACT results to my child's primary care physician or other treating physician within SMG as part of a return to play decision protocol. A visible note will be placed in my child's electronic medical record with a summary of the results. Swedish Sport Spine & Musculoskeletal Medicine, with signed ROI, may also discuss the results with the school personnel. 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 self (adult) or parent/guardian: _____

Signature of self (adult) or parent/guardian:

_____ Date: _____

Signature of athlete:

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of athletic trainer/director/coach _____

Name of school/club: _____ Phone number: _____

Name of Doctor: _____ Practice or Group Name: _____

Phone number: _____

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

_____ (H) _____ (cell)