

CONSENT FORM

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction.

I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Sport(s) _____

Signature of Athlete

Date

Signature of Parent

Date

