



Dear Parent/Guardian,

The Cambria Heights School District is utilizing an innovative program for student-athletes participating in contact sports. The program is called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). This is a computerized test that is taken prior the season.

The “video-game” type exam takes about 15-20 minutes and is non invasive. The exam gives the brain a “preseason physical”. The program tracks information such as memory, reaction time, processing speed, and concentration. If a concussion is suspected, the test is re-taken and compared to the baseline information to better determine severity and recovery from the concussion. The information can be shared with the parents, athletic trainer, school nurse and the student’s doctor. It enables a sound decision to be made as to when return-to-play is appropriate and safe. This system is utilized throughout professional sports, has been mandated in the NHL, and is fast becoming the “Golden Standard” in recognizing and better managing concussion type injuries.

The ImPact results give us the best available information in preventing brain damage that can occur with multiple concussions. The Cambria Heights School District administration, school nurses, coaches, and athletic training staff are trying to keep your child’s health and safety at the forefront of the athletic experience.

The exam will be mandatory for participation in a designated collision sport. Your student athlete will be informed when and where to report to the school for the testing. Athletes will not be permitted to start practice until the baseline exam is completed.

Attached is a **Concussion Fact Sheet for Parents** for you to keep. Please sign and return to the school an acknowledgement of receipt and review of the concussion information sheet.

If you have any question regarding this program please feel free to contact the athletic director at jkane@chsd1.org or at (814) 674-3601 ext. 3004.

Sincerely,

James Kane
Athletic Director
Cambria Heights High School

Permission Slip

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

I have received and read the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program .

Printed Name of Athlete _____ Sport _____

Signature of Athlete _____ Date _____

Signature of Parent _____ Date _____