



The Best Approach To Concussion Management

Dear Parent/Guardian,

Exeter Township School District utilizes an innovative server-based testing program for our student-athletes: ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). It is a non-invasive computerized exam that the athlete ideally takes prior to his/her season; it takes about 35-40 minutes to complete. Baseline neurocognitive information such as memory, reaction time, brain processing speed, and concentration ability are measured.

ImPACT was founded by the University of Pittsburgh Medical Center and **helps trained medical professionals to determine when an athlete should resume athletic participation after suffering a concussion.** The intent of this program is to reduce the risk of further injury to your son or daughter after suffering a concussion. It provides objective data that can help quantify the extent of healing the brain has reached. This may reduce the likelihood of Second Impact Syndrome, which can lead to serious or permanent head injury or even death. This program is used by countless high schools, colleges, and professional teams across the country. More information about the test may be found at www.impacttest.com.

If, in the future, your child suffers a concussion or head injury they will be assessed and monitored by Audrey Dickman or Kyle Moyer, Exeter’s licensed athletic trainers. You will be notified and recommendations for care and referral will be made at this time. The school’s nursing & PE staff will be made aware of the concussion so that any doctor-recommended adjustments to the student athlete’s academic workload can be made in conjunction with the guidance department. Post-injury testing will be repeated based on the treating physician’s recommendations. **A written physician’s (MD or DO only) note will be required to be filed for any athlete who is suspected of sustaining a concussion or head injury.**

Please sign, detach, and return the bottom portion of this form indicating permission for your child to participate in baseline and post-injury ImPACT testing. **Please note that an Impact baseline is only useful to a doctor who has been trained in its use – ask your child’s pediatrician if they have been trained!** If you have any questions regarding this program or need to make alternative testing arrangements, please contact Audrey Dickman (abdickman@myexeter.org or 610-780-5940).

PERMISSION SLIP

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

I have 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 .

Name of Athlete (print) _____ Sport _____ Grade _____
Signature of Athlete _____ Date _____
Signature of Parent _____ Date _____

Email to receive notice of dates/times of baseline sessions (please print!):
