

**Loudoun County Public Schools**  
**Division of Athletics**  
**21000 Education Court, Ashburn, Virginia 20148**



**TO: PARENTS/GUARDIANS OF STUDENT ATHLETES**

**FROM: LES W. CUMMINGS, ATHLETIC SUPERVISOR**

**SUBJECT: *ImPACT*—IMMEDIATE POST-CONCUSSION ASSESSMENT AND COGNITIVE TESTING**

Loudoun County Public Schools is currently implementing an innovative program for our student-athletes. This program will assist our Athletic Trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ***ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing)***. ***ImPACT*** is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully manage concussions. If any athlete is believed to have suffered a head injury during participation, ***ImPACT*** is used to evaluate a concussed athlete's post-injury condition and to assist health care professionals in determining an athlete's ability to safely return to play, thus preventing the cumulative effects of concussions.

A computerized exam is given to athletes before beginning contact sport practice or competition. The non-invasive test is set up in "Video-game" type format and takes about 45 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ***ImPACT*** evaluation is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is reviewed by the school's Athletic Trainer to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ***ImPACT*** testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The LCPS Administration, Coaching, and Athletic Training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached ***ImPACT*** consent form with the appropriate signatures. If you have any questions regarding this program please contact your school's Athletic Trainer or access the ***ImPACT*** website at [www.impacttest.com](http://www.impacttest.com).

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**ImPACT Concussion Management Program**  
**(Immediate Post-Concussion Assessment and Cognitive Testing)**

<b>Parental Consent for Cognitive Testing and Release of Information</b> <b>(Please Print Responses Below)</b>	
Printed Name of Student-Athlete:	School:
Date of Birth:	Sport:
Printed Name of Parent/Guardian:	
Parent Phone Numbers: Home: _____ Cell: _____ Work: _____	
Student's Complete Home Address:	
Name of Doctor:	Phone #:
Name of Practice or Group:	Fax #:
<p>I am the parent/guardian of the above named student-athlete. I have been given information regarding the <b><i>ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) Concussion Management Program</i></b> and understand the benefits of the program to successfully manage concussions.</p> <p>I give permission for my child to participate in the pre- and post-concussion management program and to take a preseason baseline <b><i>ImPACT</i></b> evaluation test administered by a Loudoun County Public Schools Athletic Trainer. The results of the baseline test will be kept on file by the Athletic Trainer at my child's school. If during participation in LCPS athletics my child has a suspected concussion event, I understand that my child may need to be tested more than once depending upon the results of the test as compared to my child's baseline test. I understand there is no charge for the testing.</p> <p>Loudoun County Public Schools has my permission to release the <b><i>ImPACT</i></b> results to my child's primary care physician, neurologist, or other treating physician as indicated above. I understand that general information about the test data may be provided to my child's school nurse, guidance counselor, or teachers for the purposes of providing temporary academic modifications, if necessary.</p>	
Student-Athlete Signature:	Date:
Parent/Guardian Signature:	Date: