



Dear Parent/Guardian,

Dubuque Hempstead High School will be implementing an innovative program for our student-athletes. This program will assist our athletic trainer 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 diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in “video-game” type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test 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 given our Athletic Trainer. 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 Dubuque Community School District and Hempstead High 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 this form with the appropriate signatures. If you have any further questions regarding this program please feel free to contact Brian Kuhle at 563-552-5232.

If you would like a copy of this letter please look on the Hempstead website www.hempstead.k12.ia.us

Sincerely,

Brian Kuhle
Assistant Principal/Activities Director
Dubuque Hempstead High School

Please turn over for permission form





CONSENT FOR COGNITIVE TESTING (Baseline and Post-injury) and RELEASE OF INFORMATION

I give my permission for (name of child) _____ DOB _____

to have a baseline ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Dubuque Hempstead High School. If a concussion occurs, I understand that my child may need to be tested more than once, depending upon the results of the post-concussion test, as compared to my child's baseline test, which will be on file at Dubuque Hempstead High School. I understand there is no charge for the testing.

Dubuque Hempstead High School may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician, as indicated below.

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 parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of doctor: _____

Name of practice or group: _____

Phone number: _____

Student's home address: _____

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

HOME _____ CELL _____ WORK _____

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 _____

Signature of Athlete

Date

Signature of Parent

Date