



## Rothman Institute Consent to Conduct ImPACT Baseline Screening

I consent to voluntarily participate in the Rothman ImPACT screening program which I am aware will provide a personal baseline only and is not diagnostic. I have taken the time to review the letter provided by the Rothman Institute regarding this baseline program and all of my questions have been answered to my satisfaction.

Student Initials: \_\_\_\_\_ Guardian Initials: \_\_\_\_\_

I hereby state that to the best of my knowledge I have no medical, mental or physical conditions that may restrict me from completing the on-line ImPACT screening.

Student Initials: \_\_\_\_\_ Guardian Initials: \_\_\_\_\_

I understand that to the best of my knowledge I will report all information regarding past medical history, especially concussions, with the ImPact baseline screen.

Student Initials: \_\_\_\_\_ Guardian Initials: \_\_\_\_\_

I understand that the information provided by this baseline screen is only a baseline and does not represent medical advice, analysis, diagnosis or treatment. If injured, I agree to have an in-person evaluation by a medical physician trained in concussion management to review the results of post-injury ImPACT testing. This physician will make any diagnostic or return to play decisions at that time.

Student Initials: \_\_\_\_\_ Guardian Initials: \_\_\_\_\_

I understand that the baseline screening alone will not be interpreted by a medical professional at the time of testing and cannot be used to make any diagnosis.

Student Initials: \_\_\_\_\_ Guardian Initials: \_\_\_\_\_

I understand that regardless of any ImPACT testing, any time an individual is suspected of sustaining a traumatic brain injury or concussion the individual should immediately seek the advice of a qualified and trained health care provider and be monitored closely for any signs and symptoms of a head injury. I also agree to be evaluated in person by a physician if I develop any signs or symptoms of a concussion at any time.

Student Initials: \_\_\_\_\_ Guardian Initials: \_\_\_\_\_

I HAVE READ THIS CONSENT TO CONDUCT IMPACT SCREENING, AS WELL AS THE LETTER FROM THE ROTHMAN INSTITUTE DESCRIBING THE SCREENING. I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK ANY QUESTIONS I HAVE AND I FULLY CONSENT TO ALL OF THE TERMS AND CONDITIONS.

Student Name \_\_\_\_\_ Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_

IF THE PERSON PARTICIPATING IN THE ACTIVITY IS NOT 18 YEARS OLD, AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE MENTIONED INDIVIDUAL, I VERIFY THAT I HAVE READ THE CONSENT TO CONDUCT IMPACT SCREENING, AS WELL AS THE LETTER DESCRIBING THE IMPACT SCREENING, I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK ANY QUESTIONS I HAVE AND I FULLY CONSENT TO ALL OF THE TERMS AND CONDITIONS OF THIS CONSENT.

Guardian Name: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Witness to Consent (Staff Member): \_\_\_\_\_ Date Signed: \_\_\_\_\_