

## Consent Form

### GROUP BASELINE COGNITIVE TESTING AND RELEASE OF INFORMATION

I give my permission for (print name of child) \_\_\_\_\_  
to have a baseline ImPACT® (Immediate Post-Concussion Assessment and Cognitive Testing) test administered at Glenwood City High/Middle School. I understand that my child may need to be tested more than once, depending upon the results of the test. I understand there is no charge for the testing.

Glenwood City High/Middle School may release the ImPACT test results to my child's primary care physician, neurologist, other treating physician, or any licensed healthcare professional 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.

Signature of parent/guardian \_\_\_\_\_

Print Name of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

#### Testing Opportunities:

Please visit our athletics website – [www.gcsd.k12.wi.us/athletics](http://www.gcsd.k12.wi.us/athletics) - to find dates and times for testing. Testing sessions will be limited to fifteen students per session.