

LETTER TO PARENTS ABOUT ImPACT TESTING OF PEPPERELL ATHLETES

Dear Parent/Guardian,

The Rome Orthopedic Center has purchased a computer software program called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) to be used by the athletes at Pepperell High School.

ImPACT is a computerized exam which is currently being utilized by many professional, collegiate, and high school sports programs throughout the country. The exam is used to properly diagnose and manage concussions.

The test is a non-invasive computerized exam which is set up in a video game format. The test takes approximately 45 minutes to an hour to complete. It tracks information such as memory, reaction time, speed, and concentration. Essentially the ImPACT test is a preseason physical of the brain, it is not an IQ test.

Athletes will take a baseline exam at the start of the season before beginning any contact sport practice or competition. If a concussion is suspected, the athlete will be required to re-take the test. Both the baseline test and the post injury test data will be evaluated by our team physician, Dr. Charles May and a neurologist. Through this process these health care professionals will determine when return to play is appropriate and safe for the injured athlete. If your child should sustain an injury of this nature you will be promptly notified.

The Pepperell High School administration and athletic department are continually striving to keep your child's health and safety at the forefront of the student athlete experience. We are excited to use the ImPACT program as it will provide us with the best available means of managing concussions and preventing potential brain damage that can occur with multiple concussions. All athletes must complete permission slips and have appropriate signatures before any ImPACT testing can be performed.

If you have any questions regarding this program please feel free to contact Coach Hurst at 678 386-9690 or visit the ImPACT website at www.impacttest.com.

PERMISSION SLIP

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

I have read and understood the above information and give permission for my son/daughter to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Sport(s) _____

Signature of Athlete _____

Signature of Parent _____

Date _____