Dear Parent/Guardian,

The Charter School of Wilmington is currently implementing an innovative program for our student-athletes. This program will assist physicians/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 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 to a local doctor or, 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. The baseline and post-injury data is accessible by our team doctor and by the MAC alliance. MAC (Mid-Atlantic Concussion) is a network of highly experienced doctors and medical professionals partnered with the Impact program.

We 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 CSW administration, coaching staff, athletic trainer, and school nurse are striving to keep your child’s health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact any of the following people:

Chris Eddy, Athletic Director - 651-2727 x 344 - ceddy@charterschool.org
Karen Micale, RN, MSN, School nurse- 651-2727 x225- kmicale@charterschool.org
Craig Aukamp- Athletic Trainer-651-2609 - caukamp@charterschool.org

PARENT KEEP THIS PAGE
Consent Form and Release of Information Permission

(RETURN THIS PAGE)

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. I understand that my child may need to be tested more than once. I
understand that CSW may release the ImPACT testing results to my child’s primary care physician,
neurologist or other treating physician if needed. I understand that all baseline results and any post-injury
tests are accessible by the team doctor and the MAC alliance.

Printed Name of Athlete ____________________________________________ Grade____

Date of Birth:_____________________________________________________

Sport ____________________________________________________________

_________________________ _________________________
Signature of Athlete Date

_________________________ _________________________
Signature of Parent Date

Name of doctor: ___________________________ Phone Number: ___________ Fax # ___________________________

Student’s home address: __________________________________________

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):
_________________________ (H) ____________________________ (W)
_________________________ (cell)

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