

Parental Consent for Concussion Baseline Testing

The primary purpose of concussion testing (also known as neurocognitive testing) is to help provide a "snap-shot" of the athlete's present brain neurocognitive function, so if at a later date the athlete sustains a concussion, they can be retested to assist in medical decision-making, such as readiness to Return to Play, need for treatment, and the possibility of brain injury.

Parents/guardian being the undersigned hereby:

Understand that Saint Elizabeth Regional Medical Center ("Saint Elizabeth"), Nebraska Orthopaedic & Sports Medicine, P.C. ("NOASM"), Nebraska Sports Concussion Network ("NSCN") Regional and Affiliate Sponsors, and _____ ("School") support the use of concussion testing and seek to promote the health and well-being of athletes regarding concussion recognition, management and return to play (RTP) guidelines. Saint Elizabeth and NOASM, NSCN Regional and Affiliate Sponsors are working in cooperation with the School to make available a neurocognitive concussion testing program to the School's student athletes as a community service. Such testing program will be administered through the use of a computer software program called the "ImPACT Concussion Test™" which has been licensed by Saint Elizabeth and will be administered through the NSCN by NOASM and NSCN Regional and Affiliate Sponsors (the "Testing Program").

Understand and agree that the information, testing, and guidelines of the Testing Program are not intended as a standard of care and should not be interpreted as such. Testing Program information and results are only a guide and are of a general nature consistent with the reasonable practice of healthcare professionals and schools offering athletic programs. Individual treatment will depend on the facts and circumstances specific to each individual case and remain the sole responsibility of the athlete's parent/guardian to seek appropriate care from a health care provider(s).

Understand and agree that participation in the Testing Program is voluntary.

Understand and agree that care beyond that of baseline testing, including the costs involving a physician office visit, post-injury concussion testing, or any other medical care, are not covered by your school's enrollment into the Testing Program, and will therefore be at the discretion and the sole responsibility of the parent/guardian.

Understand and agree to give authorization to the School, including your son's/daughter's coaches and teachers,, athletic director, school administration, school nurse/health aid, athletic trainer, and NOASM or NSCN Regional and Affiliate Sponsor personnel to discuss your son/daughter's testing data with expert health professionals, if it is believed that such a consultation would benefit their care.

Understand that if a concussion or head injury is suspected, or any sign(s) or symptom(s) of a head injury is present, they should immediately seek medical care, and inform the athlete's coaches and athletic trainer. Your son's/daughter's coach and/or school administration may determine return to participation on the approval of your physician or athletic trainer, where their decision may be made, in part, based on the results of post-injury testing.

Release Saint Elizabeth Regional Medical Center, Nebraska Orthopaedic & Sports Medicine, P.C. and NSCN Regional and Affiliate Sponsor from any responsibility or liability relating to the provision or use of the Testing Program.

After reading the Parent Consent, please sign your name and the date below indicating that you have understood and accept the terms set forth above.

Student-Athlete's Name (print)

School

Signature of Parent or Sole Legal Guardian if Patient is under 18 years of age Date

Printed Parent or Sole Legal Guardian Name