



**ImPact Testing INFO and Permission Form**

Dear Parents,

The APW school district will begin a new computer software program called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). We will begin testing our athletes that are signing up for fall sports.

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 30 minutes 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 and the post injury test data will be evaluated by our school physician. Through this process the health care professionals will determine when return to play is appropriate and safe for the athlete. If your child should sustain an injury of this nature you will be promptly notified.

The APW 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 prevent potential brain damage that can occur with multiply concussions. All athletes must complete permission slips and have appropriate signatures before any ImPACT testing can be performed. **If you have any questions, please do not hesitate to call APW Athletic Director, Mr. Coppola at (315)625-5232 or your child's school nurse, or visit the ImPACT website at [www.impacttest.com](http://www.impacttest.com).**

Sincerely,

Mrs. Krupke, RN  
APW Jr/Sr High School  
(315) 625-5223

Mrs. Rossman, LPN  
APW Jr/Sr High School  
(315) 625-5223

**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.

*Name of Athlete* \_\_\_\_\_

*Signature of Athlete* \_\_\_\_\_

*Signature of Parent* \_\_\_\_\_ *Date* \_\_\_\_\_