

**HOWARD COUNTY PUBLIC SCHOOLS
CONSENT FOR SPORTS CONCUSSION PROGRAM TESTING
and RELEASE OF INFORMATION: Pre & Post-Concussion**

I give my permission for (name of student-athlete) _____ (date of birth) _____
to have pre-concussion baseline testing and post-concussion testing with ImPACT (Immediate Post-concussion
Assessment and Cognitive Testing) administered at my son/daughter's high school.

Procedures

- There is no charge for the testing conducted at the school.
- If my son/ daughter sustains a concussion, typically this post-injury test will be re-administered by the athletic trainer within 1-3 days of the injury for comparison with the baseline test.
- The post-injury test results will be reviewed by the certified athletic trainer with the consulting neuropsychologist to advise a next course of action.
- I will be informed of the post-injury test results in writing.
- I may choose to consult with a concussion specialist outside of the school system at my own cost to assist my son/daughter's recovery. The athletic trainer will work with this consultant to coordinate care.
- The Howard County Public School System (HCPSS) is not providing medical coverage or reimbursement for any testing, assessment, follow-up, or rehabilitation beyond the initial post-injury concussion test.

Limitations on Use of Information

- **I understand that the concussion baseline testing is designed only for concussion management and not as an IQ test and will not be used for educational planning or placement decisions.**
- **It is important to recognize that blows to the head can cause a variety of injuries other than concussions (e.g., neck injuries, more serious brain injuries). The sports concussion program is designed for concussions only. You must see your doctor as soon as possible to address any other medical concerns.**

Storage, Use of Information, Persons Authorized Access, and Confidentiality

- Howard County Public School System (HCPSS) will appropriately safeguard protected individually identifiable health information made available to or obtained by HCPSS from its students. HCPSS will comply with applicable legal requirements relating to protected Health Information.
- Test results will be stored confidentially on a password protected secure website.
- Only the following individuals will have access to the test results:
 - School athletic trainer, consulting neuropsychologist, Athletic and Activities Manager, and any physician designated by parent/guardian.
- Information about the student's recovery may be provided to the school nurse, guidance counselor, school psychologist, and teachers to provide temporary health or academic support.
- The post-injury test results will be sent to me in writing and, if I request, to my designated physician.

Consent and Authorization

I have read this document completely and I understand the terms and conditions set forth above under Procedures, Limitation on Use of Information, and Storage, Use of Information, Persons Authorized Access, and Confidentiality. I understand that this is a voluntary program and that my decision to have my child participate or not participate will not have any affect on my child's participation in the school system's sports program. I understand that I have the right to revoke my consent and authorization at any time by giving advance written notice of my revocation to the Activities and Athletics Manager, but that such revocation will not affect any action taken by any person in reliance on my authorization prior to its revocation. I consent to my son/daughter's participation in the Howard County Public School System's Sports Concussion Program.

2/2009

Official Use Only:

Last Name:

DOB:

Grade:

Sport:

I authorize the release of my child's testing information and related protected health information to the individuals specified in this form.

Name of parent or guardian: _____

Signature of parent or guardian

Date

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Doctor/ Practice or Group: _____

Doctor/ Practice Address: _____

Phone number: _____ Fax#: _____

Name of Student: _____

Student's home address: _____

Parent or guardian phone numbers (please indicate preferred contact number with **):

(Parent/Guardian Phone Number #1)

(Parent/Guardian Phone Number #2)

Official Use Only:
Last Name:
Grade:

DOB:
Sport: