

Athlete Name: _____

Date of Birth: _____

Sport: _____

Consent Form 2010-2011
ImPACT™ Concussion Baseline Test

In signing this form, I _____, give Delbarton School permission to give my son a baseline test using the ImPACT™ Computer Program. I understand that this is being used “just in case” my son receives a concussion to help improve the management of the injury. All post concussive Impact testing will now be performed at Delbarton School.

I have the option to take my son to a physician of choice if such an injury does occur, although Delbarton recommends using the Atlantic Neuroscience Institute Concussion Center. With that said, a signed note by a doctor clearing the athlete for “return to play status” is still required.

Signature: _____ Date: _____