

CENTEGRA HEALTH SYSTEM ♦ Wellness ♦ 815-759-4342 ♦ FAX: 815.206.2830
Centegra Health System- Huntley High School, District 158
Concussion Baseline Screenings

Dates:	
Legal Name	First: _____ MI: _____ Last: _____
Address	
City/Zip	
Phone	
E-Mail Address of Parent	
Age, Date of Birth, Gender and Height	Age: _____ Date of Birth: _____ Gender: _____ Height: _____
LEAVE THIS FORM following screening (PLEASE DO NOT TAKE WITH YOU)	Sport: _____
	<p align="center">CENTEGRA INFORMED CONSENT FOR PARTICIPATION IN Concussion Screening:</p> <p>I give permission for: _____ to receive ImPACT (Baseline Cognitive Testing) by Centegra Health System which is stored by Centegra Health System. Centegra Health System may release the ImPACT test results to my child's/student athlete's primary care physician or other treating medical professional as necessary for treatment following a concussion.</p> <p>Name of Primary Care Physician/ Pediatrician: _____</p> <p>Phone # of Primary Care Physician/Pediatrician: _____</p> <p>Fax # of Primary Care Physician/Pediatrician: _____</p> <p>Participant Signature: _____ Date: _____</p> <p>Parent Name (please print): _____</p> <p>Parent Signature: _____ Date: _____</p>

Have you ever concurred a concussion? _____

If so, how many and when? _____

Screening:	Description:	(✓)	
Concussion Screening	Concussion/ Impact		\$ No Charge