

PERMISSION SLIP FOR BUCKEYE HIGH SCHOOL

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Sport _____

Signature of Athlete _____

Date _____

Signature of Parent _____

Date _____