

Dear Parent/Guardian,

The Summit Country Day School athletic department will be utilizing a program for our student-athletes for the upcoming school year. The program is called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) and it is a computerized exam that the athlete takes prior to the athletic season. This test will be offered free of charge compliments of the Summit Athletic Department to the Summit Community. In the event the athlete is believed to have suffered a head injury, they re-take the exam to help determine a) the extent of the injury, b) the location of the injury, c) a tool to assist when the injury has healed. The University of Pittsburgh Medical Center's Sports Concussion Program is the founding group of this software.

Baseline testing will be conducted at Summit Country Day School by our TriHealth certified athletic trainer and sports medicine support staff. The exam session takes an hour and is non-invasive. The program is basically set-up as a "video game" type format. It gives the brain a preseason physical of its cognitive abilities. It tracks information such as memory, reaction time, processing speed, and concentration. Baseline testing should be performed after three hours of physical rest, and ideally after a good night's sleep.

If a head injury is suspected, the test is re-taken and the results can be used to better determine the recovery time frame. The results can also be shared with the athlete's regular doctor if desired and a sound decision can be made as to when to return-to-play is appropriate and safe.

I wish to stress that there is no invasive work being done with this program. This gives us an additional tool to assess head injuries and information in preventing brain damage that can occur with multiple concussions. The Summit Country Day School administration, coaching, and sports medicine staffs are trying to keep your child's health and safety at the forefront of the scholastic athletic experience. Please send the bottom of this sheet back with the appropriate signatures with the athlete. If you have any questions regarding this program please feel free to contact me.

Sincerely,

Amber Gerken, MPH, ATC, LAT
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TriHealth
Sports Medicine

Bethesda North
Good Samaritan

Permission Slip

For the 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.

Printed Name of Athlete _____ Sport/Grade _____

Signature of Athlete _____ Date _____

Signature of Parent/Guardian _____ Date _____

_____ I **ACCEPT** the utilization of ImPACT for my child

(If accept, parent's email or phone number _____)

_____ I **DECLINE** the utilization of ImPACT for my child.

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