

## Parent Information Letter on the ImPACT Program

Dear Parent/Guardian,

The purpose of this letter is to inform you that Middletown High School will be utilizing an innovative concussion management program called ImPACT for all our student-athletes. ImPACT (immediate Post Concussion Assessment and Cognitive Testing), is a computerized online exam in which each athlete will take prior to their athletic season. This 30-40 minute test is similar to the neuropsychological tests used by clinicians to make return to play decisions.

Sport-related concussion is often poorly understood by the general population and by the athletes themselves. It is also difficult for physicians and athletic trainers to determine the extent of a brain injury from a concussive episode. Since there are certain symptoms of a concussion that cannot be visual seen, an athlete may be too eager to return to play, or is under a lot of peer pressure resulting in the athlete to become less than truthful of these symptoms. This puts the athlete in risk in what is known as Second Impact Syndrome. This is when an athlete receives a second concussive episode before the complete recovery of the brain from the first, thus resulting in permanent brain injury and in some cases death.

The benefit of utilizing ImPACT is that your child can take the test under the supervision at the school. If the athlete is believed to have suffered a concussion during competition, the exam is taken again and the data is compared to their baseline test. This information is then used as a tool to assist the athletic trainer and treating physician in determining the extent of the injury, monitoring recovery, and in making safe return to play decisions. The student athlete will be asked to take a baseline test before participating in their sport, and once again in their junior year. If an injury of this nature occurs, we will be in contact with you. ImPACT is not an IQ test. Instead it provides us neurocognitive information such as memory, reaction time, brain processing speed, and concentration. All tests information is confidential and will be stored in a secured computer file. There is no cost to the parents/guardians for their child's baseline test. In an event that your athlete suffers a concussion, ImPACT testing will be performed by the MHS athletic trainer within 24-72 hours. The results of the post-concussion test will need to be evaluated by a physician or neuropsychologist to determine the severity of the injury and to make a safer return to play decision.

At Middletown High School, we understand the competitive nature of sports, but we will always hold the athlete's health and safety as our first priority. If you have questions regarding this program, please feel free to contact me. Additional information can be found at [www.impacttest.com](http://www.impacttest.com).

Sincerely,

Elisha De Jesus  
Director of Athletics/Student Activities  
Director of Health/Physical Education

Heather Wenninger, MS, ATC, LAT  
Athletic Trainer

**CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION**

I give my permission for (name of child) \_\_\_\_\_

Grade: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

(Child's D.O.B.) \_\_\_\_\_

To have a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Middletown High School. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which is on file at MHS. I understand there is no charge for the testing.

Middletown High School may release and forward the ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) to the School Medical Doctor.

Dr. Joseph Havlicek, MD  
245 Dekoven Drive  
Middletown, CT 06457  
Phone: (860) 344-3537  
Fax: (860) 344-3588

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Name of parent or guardian: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE PRINT THE FOLLOWING INFORMATION:**

Student's home address: \_\_\_\_\_

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):

\_\_\_\_\_ (H) \_\_\_\_\_ (W)

\_\_\_\_\_ (Cell)