



CHRISTIAN ACADEMY

Patriots Athletic Department

3400 Moanalua Road, Honolulu, Hawaii 96819 (808)836-0233; Fax (808)836-4415

Concussion ImPACT Baseline Test Consent Form

Please sign this form to give your permission for your child to be administered the ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) baseline test and submit it to the office.

- *I have reviewed and understand the Concussion Management Program Information and Flow Chart.*
- *I have been given an opportunity to ask questions and all questions have been answered to my satisfaction.*
- *I agree to participate in Christian Academy's Concussion Management Program and hereby give my permission to administer the ImPACT baseline test to my child.*

Student Athlete: _____
(please print)

Grade: _____

Parent Name: _____
(please print)

Signature: _____

Date: _____