



Parents,

Concussions have become a major area of concern for youth participating in school sanctioned sports across the country. Concussions are head injuries that need to be carefully managed to prevent Second Impact Syndrome. This condition can occur when an athlete receives a second concussion before fully recovered from the initial concussion. Debilitating injury or death can result from Second Impact Syndrome.

Student-athletes at Valley Falls High School and Middle School will have the opportunity to take a computerized baseline concussion test called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). This “state-of-the-art” test will be free of charge as paid for by USD 338.

How will my child be tested?

The computerized baseline exam will be given to athletes during the first weeks of sport participation this fall semester. This non-invasive test is set up in “video-game” type format and takes about 40 minutes to complete. The exam tracks information such as memory, reaction time, speed, and concentration.

What will happen with the baseline test results?

The information of each test is collected in a secure database. School officials should be notified if a retake is necessary. Parents may also request a copy of the test results by calling the District Office at (785) 945-3214.

What happens if my child is suspected of a concussion?

Kansas state law requires a physician to clear an athlete to return to play following a concussion. If there is a concussion suspected, our trainer may administer the post concussion test once symptom free; **at least** 24-72 hours after the incident. The baseline results can be compared to the post concussion test results to help your physician determine when return-to-play is appropriate and safe for the injured athlete.

This test can truly make the difference between life and death in some cases. Feel free to visit www.impacttest.com for more information regarding ImPACT and locations of medical facilities that utilize ImPACT post concussion testing.

Sincerely,

School Administration



Consent Form



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

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all 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



Consent Form

For Opting Out of the Testing

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

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction.

I do not give permission for _____ to participate in the ImPACT Concussion Management Program.
(name of student)

Signature of Athlete

Date

Signature of Parent

Date