

# QUINCY PUBLIC SCHOOLS

## COGNITIVE TESTING ImPACT CONSENT FORM

I have read the attached information and 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.

Name of Athlete (Print) \_\_\_\_\_

Sport \_\_\_\_\_

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date