



**Parent/Guardian,**

**Boyertown Area School District is utilizing an innovative concussion management program for our student-athletes. The program is called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) and involves an online computerized baseline exam that select athletes take at the beginning of their season. Founded by the University of Pittsburgh's Medical Center Sports Concussion Program, this software system is utilized throughout professional sports and has been mandated in the NHL. It is also used by 18 NFL teams, US Soccer, and countless colleges and high schools across the country. It is fast becoming the "Gold Standard" in recognizing and managing head injuries.**

**The ImPACT program tracks neurocognitive information such as memory, reaction time, brain processing speed, and concentration. The exam takes about 25-30 minutes and is non-invasive. It is a simple exam and most who take it enjoy the challenge of the test. For example, in one part of the exam, a dozen common words appear one at a time on the screen for about one second each. The athlete is then later asked what words were displayed. Additional information regarding the ImPACT test can be found at [www.impacttest.com](http://www.impacttest.com).**

**One of the reasons concussions are so dangerous is a condition called Second Impact Syndrome. If an athlete sustains a second concussion before completely recovering from the first, the results can be deadly. If the athlete is believed to have suffered a concussion during competition, the exam is taken again and the data is compared to the baseline test. This information is then used as a tool to assist the athletic training staff and treating physicians in determining the extent of the injury, monitoring recovery, and in making safe return to play decisions.**

**If an injury of this nature occurs, we will be in contact with you. Baseline tests and post-concussion tests will be taken under our supervision at school. Our trainer Donna Harmon will contact each head coach to arrange for team baseline testing.**

**If you have any questions regarding this program, please feel free to contact me at [mmorton@boyertownasd.org](mailto:mmorton@boyertownasd.org)**

**Sincerely,**

**Madison Morton**

**Director of Athletics**



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**PLEASE FILL OUT AND RETURN TO BOYERTOWN ATHLETIC TRAINER :**  
**DONNA HARMON**

**PERMISSION SLIP**

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

**I have read and understood the above information and give permission for my son/daughter to participate in the ImPACT Concussion Management Program.**

**Printed Name of Athlete** \_\_\_\_\_

**Sport** \_\_\_\_\_

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

**Date** \_\_\_\_\_

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

**Date** \_\_\_\_\_