



---

Dear Parent/Guardian,

Raymore-Peculiar High School is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor or, to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Ray-Pec administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact our Athletic Trainer Dan Schwarz at 892-1400.

Sincerely,

Tom E. Kruse  
Activities/Athletic Director  
Raymore-Peculiar High School  
816-892-1400





### Baseline Testing Consent

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

### Post-Injury Testing Consent

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

to have a post-concussion ImPACT administered at Raymore-Peculiar 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 their baseline test, which is on file at RPHS. I understand there is no charge for the testing.

RPHS may release the ImPACT results to my child's primary care physician, neurologist, or other treating Physician, as indicated below. I also understand that general information about the test data may be provided to my child's guidance counsellor, teachers, and administrators, for the purpose of providing temporary academic modifications, if necessary.

Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Physician: \_\_\_\_\_ Name of Practice/group: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent / guardian phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

Cass Regional  
Medical Center