



Dear Parent/Guardian,

I want to take a moment of your time to introduce myself and review some of the services that are offered to your student-athlete. Each week a certified athletic trainer will come to the high school to evaluate injuries and determine a plan of treatment. This could include activities to be performed at school or possibly referral to a physician based on assessment. We will also be providing athletic training coverage for varsity contact sports. This year the district will also be participating in an innovative program for student-athletes. This program will assist 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 approximately 30-45 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. Often the student athlete may need to repeat this test several times during the recovery period. Both the preseason and post-injury test data is sent to a concussion trained physician to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these healthcare 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 (*Please make sure to fill out contact information and preferred method of contact on attachment page*). We follow the guidelines that have been established by MSHSAA in accordance with CDC Guidelines. Please make sure you understand the procedures outlined should your child receive a concussion.

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 have 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 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 to your school athletic director prior to testing.*** If you have any further questions regarding this program or other services please feel free to contact me at 816-407-1249 or 816-351-5491 or by email at gini@boostkc.com.

Sincerely,

Gini Fite, Athletic Training Coordinator

# Consent Form

## CONSENT FOR TESTING

In consideration of aforementioned experience in which my student-athlete will participate, I, as the parent/guardian of the following student-athlete, do hereby agree to allow my child to participate in the ImPact Testing.

I agree to release and share all relevant information obtained through the ImPACT testing with appropriate medical, training, and coaching personnel. I understand that any information derived from this assessment will be held in confidence and used only in the appropriate assessment and response to head injuries that may be sustained through participation in the athletics program.

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.

## CONSENT FOR TREATMENT

I recognize that during my season I may present with a condition requiring athletic training services and treatment. I hereby consent to the rendering of services by Boost Sports Performance, LLC, as described to me. I understand that the practice of athletic training is not an exact science and that evaluation and treatment involves the risk of injury or even death. I acknowledge that no guarantees have been made to me about the outcome of treatment.

Our staff makes every possible effort to maintain the privacy of your student-athlete. There will be at times a need for us to contact physician for referral information, clarification of injury/orders received. We also make great effort in communicating the status of your student-athlete to the physician whose care that they are under. We feel it is in your child's best interest for proper care and expedient return to activity to allow said communication. **By signing consent form, you agree to allow athletic trainer to access necessary medical information as well as communicate appropriately.** You may at any time revoke consent in writing.

## HIPPA NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT OF RECEIPT

The Health Insurance Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the Notice of Privacy Practices and make a good faith effort to obtain an acknowledgment of receipt. You may refuse to sign this acknowledgment form.

I have been provided with the Notice of Privacy Practices of Boost Physical Therapy & Sports Performance and understand that any questions or concerns regarding this notice may be directed to the Privacy Officer, Travis Neff, and concerns can be mailed to 2105 Kara Court A-1, Liberty, MO 64068, or call 816-407-1249. **By signing this form I confirm that I have reviewed a copy of the office Notice of Privacy Practices.**

# Consent Form

**Printed Name of Student-Athlete:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade** (during 2015-2016 school year): \_\_\_\_\_

**Sport(s):** \_\_\_\_\_

\_\_\_\_\_ I choose to **ALLOW** my child to participate in the ImPACT testing program.

\_\_\_\_\_ I choose **NOT** to allow my child to participate in the ImPACT testing program at this time.  
(Students/Parents who do not agree to testing *may not be allowed to participate* in school sponsored sports and activities. Decision will be on an individualized basis and at the discretion of School Administration in consult with Athletic Trainer)

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

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

\_\_\_\_\_  
**Signature of Parent/Guardian**

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

**Printed Name of Parent Guardian(s):** \_\_\_\_\_

**Parent/Guardian Phone Number(s):** \_\_\_\_\_

(Please designate both parent/guardians information if available)

**Email Address(s):** \_\_\_\_\_

(Please designate both parent/guardians information if available)

**Athletic trainer will make every effort to contact parent/guardian in the event of an injury. Often we are able to communicate more effectively through email/text in the event of an injury that does not require immediate care. Please identify most preferred method of communication.**

**Phone Call**

**Text**

**Email**

**Preferred Physician(s):** \_\_\_\_\_

## Return to Play (RTP) Procedures After a Concussion (MSHSAA GUIDELINES)

Return to activity and play is a medical decision. The athlete must meet all of the following criteria in order to progress to activity:

- Asymptomatic with rest and exertion (Including mental exertion in school).
- Have written clearance on appropriate MSHSAA paperwork from their primary care provider or concussion specialist. **This paperwork as well as copy of the progression may be obtained from school athletic trainer or athletic director. Physicians who are properly trained in concussion management will be familiar with the form and requirements. Athlete must be cleared for progression by physician other than Emergency Room Physician.**

Once the above criteria are met, the athlete will be progressed back to full activity following the step wise process detailed below. This progression must be closely supervised by a Certified Athletic Trainer. ***Progression is individualized and will be determined on a case by case basis.*** Factors that may affect the progression include: History of previous concussion, duration and type of symptoms, age of the athlete, sport/activity in which athlete participates. An athlete with a prior history of concussion, one who has had extended duration of symptoms, or one who is participating in collision or contact sports may be progressed more slowly.

**Step 1:** Complete cognitive rest. This may include staying home from school or limiting school hours for several days. Activities that require concentration and attention may worsen symptoms and delay recovery.

**Step 2:** Return to school full time without symptoms

**Step 3:** Light exercise. This can not begin until the athlete is no longer having concussion symptoms and is cleared by a physician for further activity. At this point the athlete may begin walking or riding an exercise bike. **NO WEIGHT LIFTING.**

**Step 4:** Running in the gym or on the field with no equipment.

**Step 5:** Non-Contact training drills in full equipment. Weight training may begin.

**Step 6:** Full contact practice

**Step 7:** Play in game if cleared by physician.

- The athlete should spend 1-2 days at each step before advancing to the next step.
- If post-concussion symptoms occur at any step the athlete must stop the activity and the treating physician must be contacted.
- Depending on the specificity and severity of the symptoms the athlete may be told to rest for 24 hours and then resume activity one level below where athlete was at when symptoms occurred.

If you have any questions in regards to school policies and procedures it is important to understand these prior to an injury occurring. School officials and athletic trainer will work with you to obtain the appropriate paperwork as well as determining best care for your child. School Administration in coordination with the athletic trainer have the right to overrule physician clearance if it is felt that your child is still at risk.