**2018-2019 Winona Health Impact Testing**

The Wabasha-Kellogg School District strives for all of our students in grades 7, 9 and 11, any new students in other grade levels, as well as any students that received a concussion with in the last year, to participate in our Impact Concussion Testing. This testing will occur every year for the grade levels listed above as students only need to take the baseline test once every two years, unless he or she suffered a concussion or blow to the head. This rotation will ensure that at a minimum, all of our students are tested every two years.

This year’s testing will occur on the following date and times:

**Monday August 13th – 8:00 AM-9:00AM**

**Monday August 13th – 12:00 PM-1:00 PM**

**Friday August 17th – 9:00 AM-11:00 AM**

Testing will occur in computer lab #113 and will be administered by a trainer from Winona Health. All testing is done on the computer and takes approximately 45 minutes to complete. Parents are welcomed to accompany their child to the testing if they wish. This test gives us and our trainers a baseline in case your child would ever receive a blow to their head. It’s very important that our trainers have something to compare their post-concussion test to. If you have any questions, please call Mr. Klingbeil at 565-3559 ext. 259.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Parent Consent Waiver**

I hereby give Wabasha-Kellogg High School and Winona Health staff permission to perform a baseline concussion Impact test with my child. This computerized test will remain on file to compare post-concussion tests to should my child receive a blow to the head. Please bring this form with you signed and dated on the date that you are scheduled for Impact testing.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_