



## 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. I also agree to ensure a valid test by following the guidelines attached.

Printed Name of Athlete \_\_\_\_\_ Sport \_\_\_\_\_

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

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