



Matthew J. Morahan III
Health Assessment Center for Athletes
Playing it Safe ImPACT/Balance Screening Permission Slip

Dear Parent/Guardian,

Barnabas Health offers the opportunity for your child to take a baseline test to help detect possible sports related concussions in the future. Baseline results allow for comparison of test results if at any time your child ever has to take a post injury test for a concussion. The exam takes about 25-35 minutes and is non-invasive. It is a cognitive based test that is interactively administered on a computer. It challenges the brain and tracks information such as memory, reaction time, processing speed, and concentration. Balance testing will also be done as part of the baseline concussion screening process. This takes 3- 5 minutes and tests balance and sway on a firm and foam surface. All baseline tests will be kept on file for 2 years. Every 2 years, your child will be required to retake the baseline test in the preseason of their sport of choice to maintain validity for comparison with post injury testing.

The cognitive testing program is called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing), it is a computerized exam that an athlete may take prior to the season and if the athlete is believed to have suffered a head injury retake the exam to help determine: a.) the extent of the injury b.) the location of the injury and c.) when the injury has healed. The University of Pittsburgh Medical Center (UPMC)'s Sports Concussion Program is the founding group of this software. If your child is believed to have suffered a concussion in the future during competition and is in our care at that time, he/she will be asked to take the ImPACT and balance test again at that time and the data will be compared to the baseline data from the test that he/she takes today.

The baseline test results and any subsequent results are stored with the Barnabas Health Care System and UPMC. Barnabas Health may share results with other medical professionals to help interpret the data. This includes information to be shared with your child's pediatrician or any other healthcare provider at your request and is subject to completed medical authorization. It is important to understand that positive results of any post injury test will require follow-up and intervention by a physician trained in the evaluation and management of concussions for clearance to return to play. The information gained in this program may also be utilized in studies being conducted by both the Barnabas Health Care System and UPMC. We have set-up an anonymous identification system.

We wish to stress that there is no invasive work being done with any of our baseline or post injury testing. We are excited to implement this program as it provides us with the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. If you are interested in having your child screened under the terms outlined, please complete the information below and return. If you have any questions regarding this program, please feel free to contact, Diana Toto, Program coordinator – 973.322.7419

PERMISSION SLIP

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)/balance test results, storage of any and all test results, and follow up procedures recommended based upon positive post injury testing:

I have read the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to have my child participate in the ImPACT Concussion Management Program and the research. In the event that my child suffers a concussion at any time, and takes a post injury ImPACT test with positive results, I understand that I must follow up with a neurologist or physician trained in the evaluation and management of concussions. I also understand that at that time I must obtain written clearance from this physician for my child to return to competition or practice as required under the New Jersey law (P.L. 2010, c.94) on athletic head injury safety.

Printed Name of Child: _____ Age: _____

Parent/Guardian (printed) _____ Relationship to patient _____

Parent/Guardian Signature _____ Date _____