Matthew J. Morahan III
Health Assessment Center for Athletes
Playing it Safe Participation Form

Patient Information: DATE: _____

First Name: _____ MI___ Last Name:_____

Date of Birth: Month:_____ Day: _____ Year: _____

Gender (Please circle one) Male Female School Name:_____

Address: _____

City,State:_____ Zip: _____

Telephone: _____Second Phone: _____

Parent/Guardian Name:

_____

Primary Physician:

_____

Physician's Address:

_____

Physician's Telephone: _____

Physician's Fax Number: _____

Disclosure of Health Information

In any case where we are notified of a diagnosed concussion regarding this patient, in providing us with the name of the patient's Pediatrician and/or Neurologist you are authorizing us to disclose the patient's health information to that physician to assist us and that physician in the treatment and care of the patient, your child.
I have read and agree to the above statement.

Parent/Guardian Signature _____Date:_____

Parent/Guardian(Printed Name)_____ Patient(Printed Name)_____

FOR OFFICE USE ONLY:
Referral Source:
□ School/Team: _____
□ MD: _____
□ ED
□ Self
Test Type: □ Baseline □ Post Inj 1 2 3 4
□Cash □Check#___□Charge □Contract

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

Dear Parent/Guardian,

Barnabas Health offers the opportunity for student athletes to participate in baseline testing and post-injury testing to help track recovery in sports-related concussions. 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. 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 choice to maintain validity for comparison with post injury testing.

The 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 the time, he/she will be asked to take the exam 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 Barnabas Health 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 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 Barnabas Health 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 concussion 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.

PERMISSION SLIP For use of the Immediate Post-Concussion Assessment and Cognitive testing (ImPACT), storage of any and all test results, and follow up procedure 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 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: _____