



Student Name: _____

**SPORTS CONCUSSION TESTING PROGRAM
and RELEASE OF INFORMATION**

I understand that pre-concussion baseline testing and post-concussion testing may be administered at my son/daughter’s high school, and is a part of the procedure for guiding their return to sports participation after the injury.

Procedures

- There is no charge for the testing conducted at the school.
- If my son/ daughter sustains a concussion, typically this post-injury test will be re-administered by the athletic trainer within 1-3 days of the injury for comparison with cognitive age group norms.
- The post-injury test results will be reviewed by the certified athletic trainer with the consulting neuropsychologist to advise a next course of action.
- I will be informed of the post-injury test results in writing.
- I may choose to consult with a concussion specialist outside of the school system at my own cost to assist my son/daughter’s recovery. The athletic trainer will work with this consultant to coordinate care.
- The Howard County Public School System (HCPSS) is not providing medical coverage or reimbursement for any testing, assessment, follow-up, or rehabilitation beyond the initial post-injury concussion test.

Limitations on Use of Information

- **I understand that the concussion testing is designed only for concussion management and not as an IQ test and will not be used for educational planning or placement decisions.**
- **It is important to recognize that blows to the head can cause a variety of injuries other than concussions (e.g., neck injuries, more serious brain injuries). The sports concussion program is designed for concussions only. You must see your doctor as soon as possible to address any other medical concerns.**

Storage, Use of Information, Persons Authorized Access, and Confidentiality

- Howard County Public School System (HCPSS) will appropriately safeguard protected individually identifiable health information made available to or obtained by HCPSS from its students. HCPSS will comply with applicable legal requirements relating to protected Health Information.
- Test results will be stored confidentially on a password protected secure website.
- Only the following individuals will have access to the test results: School athletic trainer, consulting neuropsychologist, Athletic and Activities Manager, and any physician designated by parent/guardian.
- Information about the student’s recovery may be provided to the school nurse, guidance counselor, school psychologist, and teachers to provide temporary health or academic support.
- The post-injury test results will be sent to me in writing and, if I request, to my designated physician.

Acknowledgement and Consent

I have read this document completely and I understand the terms and conditions set forth above under Procedures, Limitation on Use of Information, and Storage, Use of Information, Persons Authorized Access, and Confidentiality. I understand that this testing program is a mandatory requirement of sports participation. The baseline concussion test is available on a voluntary basis. I consent to the administration of the concussion testing of my child under this program and to the release of my child’s testing information and related protected health information to the individuals specified in this form.

Name of parent or guardian: _____

Signature of parent or guardian

Date

(Parent/Guardian Phone Number #1)

(Parent/Guardian Phone Number #2)

Official Use Only:

Last Name:

Grade:

DOB:

Sport: