

Burnt Hills-Ballston Lake Central School District
Parent/Guardian Consent for Neurocognitive Baseline Testing
(IMPACT) “Immediate Post-Concussion Assessment & Cognitive Testing”

Dear Parents:

In accordance with the NYSPHSAA guidelines as well as the *NYS Concussion Management and Awareness Act of 2011*, The Board of Education of the BURNT HILLS-BALLSTON LAKE CSD will adhere to the following plan as it relates to the management of mild traumatic brain injuries (concussions).

The Board of Education of the BURNT HILLS-BALLSTON CSD recognizes that concussions and head injuries are commonly reported in children and adolescents who participate in sports and physical activity. Therefore, the District adopts the following plan to assist in the proper evaluation and management of head injuries.

Concussions are defined as mild traumatic brain injuries which occur as a result of trauma to the head, jaw or from a violent snapping of the neck. Recovery from concussions is unpredictable and will vary greatly between individuals. Physical and mental rest along with a properly supervised return to play and return to school protocols are necessary to ensure complete recovery.

Students who participate in interscholastic athletics may, depending upon the sport, be subject to neurocognitive baseline testing (IMPACT) prior to the start of their sport season with parent consent. In the event that a student sustains a concussion, he or she will be tested again post injury to help determine cognitive recovery. Post injury testing will only occur after a student’s symptoms have completely resolved and before any return to physical activity is permitted.

Baseline and post injury testing is conducted at the high school by the school’s certified athletic trainer. Baseline testing for certain sports will occur during a student’s freshman and junior years. Interpretation of the test results is done by the Chief/Associate school physician. Only those students who demonstrate satisfactory results as determined by the Chief/Associate school physician will be allowed to begin the return to play protocol.

Parent Authorization for IMPACT Testing:

I/We, _____ the parent(s)/guardian of
_____ hereby give permission for him/her to receive the
neurocognitive baseline testing (IMPACT).

Date: _____ Signature: _____