



## Northwestern Regional School District No.7

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Dear Parent/Guardian,

Northwestern Regional School District No. 7 is currently implementing an innovative program for our student-athletes. This program will assist athletic trainer (Anthony Cannavo, ATC, LAT) and team physician (Keith E. Penney, MD) in evaluating and treating sports-related head injuries (ie- concussions). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a pre-season physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test, often more than once. Both the pre-season and post-injury test data is given to Dr. Keith Penney, to help evaluate the injury. The information gathered can also be shared with your family doctor upon request. The test data will better enable Dr Penney and your Athletic Trainer, Mr. Cannavo to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. Northwestern Regional School District No. 7's administration, nurses, coaches, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience.

If you have any questions regarding this program, please feel free to contact me at [acannavo@hungerford.org](mailto:acannavo@hungerford.org) and I will assist you the best I can.

Sincerely,  
Anthony Cannavo ATC,LAT  
NWR7 Athletic Trainer

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## CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

I give permission for (student name) \_\_\_\_\_

(student date of birth) \_\_\_\_\_

to have a pre and post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) tests administered at Northwestern Regional School District No. 7. I understand that my child may need to be tested more than once, depending upon the results of the test. My child's baseline test result, which will be kept on file at, will serve as a comparison for future tests. I understand there is no charge for the testing.

The results of all ImPACT tests performed will be automatically released by NWR7 to the school's team physician, Keith E. Penney, MD. I also understand that my child's test data may be distributed to appropriate school staff for the purpose of providing temporary academic modifications, if necessary. It is my expectation that this data will be otherwise, kept confidential and protected.

Results of tests can be additionally distributed, at my request, to my child's primary care physician or other qualified concussion specialist, as indicated below.

### PLEASE PRINT THE FOLLOWING INFORMATION:

Name of doctor: \_\_\_\_\_

Name of practice or group: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent or Guardian name: \_\_\_\_\_

Student's home address: \_\_\_\_\_

\_\_\_\_\_ (H) \_\_\_\_\_ (W)

\_\_\_\_\_ (C) (Please indicate preferred contact number)

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_