

**Sports Medicine Department
ImPACT Concussion Testing
Release Form**

I understand that the submission to the ImPACT concussion test is a condition of participation in your school's athletic activities. By Signing and dating this form, I consent to be tested before my initial sport begins (or the designated date and time set by your school), and will not be allowed to participate until I have completed the ImPACT Test given free of charge, by Southern Therapy Services, Inc. Sports Medicine Department.

I hereby consent to the administration of the ImPACT testing. I also understand that I will be tested again if a concussion occurs, or at the beginning of my third year (Junior year for incoming Freshmen) attending your school's athletic program.

Previous Concussion History with Date(s):

Learning Disability:

Student-Athlete's High School: _____

Participating Student's Name (Print): _____

Signature: _____ **Date:** _____

Parent/Guardian's Name (Print): _____

Signature: _____ **Date:** _____