

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:** \_\_\_\_\_