



San Marin High School

15 San Marin Drive, Novato, CA 94945

415 415 898-2121 (Fax 415 892-8284)

Dennis Davis, Athletic Director

Craig Pitti, Athletic Director

180 Rowland Way

Novato, CA 94948

**CONSENT FOR BASELINE COGNITIVE TESTING and RELEASE OF INFORMATION**

I give my permission for (name of child & sport)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

born (date of birth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to have a baseline ImPACT® (Immediate Post-Concussion Assessment and Cognitive Testing) test administered at Novato High School I understand that my child may need to be tested more than once, depending upon the results of the test. I understand there is no charge for the testing.

Novato High School may release the ImPACT test results to my child’s primary care physician, neurologist, other treating physician, staff certified athletic trainer, or any licensed healthcare professional as indicated below.

Signature of parent/guardian

Name of parent/guardian

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print the following information:**

Physician/licensed healthcare professional

Practice or group name

Phone number

Student’s home address (street address, city/state/zip)

Parent or guardian phone numbers:

Home Preferred contact number: Home Work Mobile

Work Preferred time to call (if necessary): \_\_\_\_\_\_\_\_am/pm

Mobile