



Malta Middle School
Extracurricular Activities ImPACT Testing

Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Student Athlete _____

Sports _____

Please list all sports you plan to participate in.

Signature of Student Athlete

Date

Signature of Parent/Guardian

Date