McArthur Mustangs Athletics

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 Athlete _____

Sport _____

_____ _____
Signature of Athlete Date

_____ _____
Signature of Parent Date