

Baseline Concussion Testing Permission form

Cost of testing \$2 per student

I give permission for my student to take the computer baseline concussion test. I understand that this test will ask for information about my student's medical history regarding concussions. I understand the cost is \$2 per student. I understand that if my student does receive a concussion during athletic play that I can use this information along with the school's athletic trainer to help make a determination when my student should return to athletic play.

Student Name: _____ Grade: _____

Signature of parent: _____ Date: _____