



October 26, 2007

Dear Parent:

The Howard County Public School System is instituting a one-year trial of a state-of-the-art Sports Concussion program to detect and treat concussions in our high school student-athletes. The Sports Concussion program will be led by Dr. Gerard Gioia, director of the SCORE Concussion program at Children's National Medical Center. He will work closely with you and your school's certified athletic trainer, coaches, school personnel, and your designated primary care physician. While we do not want to overly alarm parents or student-athletes, a concussion is a serious injury to the brain that must be treated properly. This program strengthens our commitment to keeping your student-athlete safe.

To make the sports concussion program work, we need the active involvement of you and your son/ daughter. It is important that you be aware of the **Signs and Symptoms** of a concussion. Enclosed is a handout with information for parents and athletes about concussions, published in the "Heads Up: Concussion in High School Sports" toolkit for coaches by the Centers for Disease Control & Prevention. Further information can be found at www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm. Symptoms of concussions are not always immediately recognized (or reported) on the field. In addition, sometimes symptoms may be delayed in their appearance. Therefore, it is important that student-athletes and parents be aware of the signs and symptoms, and seek further medical evaluation if there is a concern.

As part of the sports concussion program, student-athletes will participate in **pre-concussion baseline testing** to assess key functions affected by a concussion. It serves as a baseline for comparison after a concussion to assist the individual recovery of the student-athlete. Baseline testing will be conducted at the following time and place:

Date/Time: _____ Location: _____

It is important that your son/ daughter's primary care physician be aware of the sports concussion program to coordinate medical care should a concussion occur. They have been informed by letter of this program. In addition, a concussion potentially can affect the student-athlete's school learning and social activities. Coordinated treatment between the athletic, medical, and school systems is important to assist the student-athlete's recovery.

If you give permission for your student-athlete to participate in the baseline testing, please complete the attached consent form and return it to the athletic trainer. Your consent is necessary to be a part of this program, and to conduct the testing.

Thank you. We look forward to your student-athlete's safe participation in Howard County athletics this year. If you have any questions, please do not hesitate to contact the athletic trainer or Athletics & Activities Manager.

Sincerely,

Athletics & Activities Manager

Certified Athletic Trainer

**CONSENT FOR SPORTS CONCUSSION PROGRAM TESTING
and RELEASE OF INFORMATION: Pre & Post-Concussion**

I give my permission for (name of student-athlete)_____ (date of birth)_____ to have pre-concussion baseline testing and post-concussion testing with ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at my son/daughter's high school.

Procedures

- There is no charge for the testing conducted at the school.
- If my son/ daughter sustains a concussion, typically this post-injury test will be re-administered by the athletic trainer within 1-3 days of the injury for comparison with the baseline test.
- The post-injury test results will be reviewed by the certified athletic trainer with the consulting neuropsychologist to advise a next course of action.
- I will be informed of the post-injury test results in writing.
- I may choose to consult with a concussion specialist outside of the school system at my own cost to assist my son/daughter's recovery. The athletic trainer will work with this consultant to coordinate care.
- The Howard County Public School System (HCPSS) is not providing medical coverage or reimbursement for any testing, assessment, follow-up, or rehabilitation beyond the initial post-injury concussion test.

Limitations on Use of Information

- **I understand that the concussion baseline testing is designed only for concussion management and not as an IQ test and will not be used for educational planning or placement decisions.**
- **It is important to recognize that blows to the head can cause a variety of injuries other than concussions (e.g., neck injuries, more serious brain injuries). The sports concussion program is designed for concussions only. You must see your doctor as soon as possible to address any other medical concerns.**

Storage, Use of Information, Persons Authorized Access, and Confidentiality

- Howard County Public School System (HCPSS) will appropriately safeguard protected individually identifiable health information made available to or obtained by HCPSS from its students. HCPSS will comply with applicable legal requirements relating to protected Health Information.
- Test results will be stored confidentially on a password protected secure website.
- Only the following individuals will have access to the test results:
 - School athletic trainer, consulting neuropsychologist, Athletic and Activities Manager, and any physician designated by parent/guardian.
- Information about the student's recovery may be provided to the school nurse, guidance counselor, school psychologist, and teachers to provide temporary health or academic support.
- The post-injury test results will be sent to me in writing and, if I request, to my designated physician.

Consent and Authorization

I have read this document completely and I understand the terms and conditions set forth above under Procedures, Limitation on Use of Information, and Storage, Use of Information, Persons Authorized Access, and Confidentiality. I understand that this is a voluntary program and that my decision to have my child participate or not participate will not have any affect on my child's participation in the school system's sports program. I understand that I have the right to revoke my consent and authorization at any time by giving advance written notice of my revocation to the Activities and Athletics Manager, but that such revocation will not affect any action taken by any person in reliance on my authorization prior to its revocation. I consent to my son/daughter's participation in the Howard County Public School System's Sports Concussion Program.

10/2007

Official Use Only:
Last Name:
Grade:

DOB:
Sport:

I authorize the release of my child's testing information and related protected health information to the individuals specified in this form.

Name of parent or guardian: _____

Signature of parent or guardian

Date

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Doctor/ Practice or Group: _____

Doctor/ Practice Address: _____

Phone number: _____ Fax#: _____

Student's home address: _____

Parent or guardian phone numbers (please indicate preferred contact number with **):

Home Phone: _____ Work/Cell Phone: Father _____ Cell: _____

Mother _____ Cell: _____

Official Use Only:
Last Name:
Grade:

DOB:
Sport: