



CONSENT TO TESTING: COMPUTERIZED NEUROCOGNITIVE TESTING

I give my permission for (name of child) _____

(date of birth) _____

to be tested using ImPACT (Immediate Post-concussion Assessment and Cognitive Testing). I understand that my child will be tested to establish a baseline and if my child sustains a concussion, as a participant of this baseline testing, my child may be retested using the same testing. Post-concussion results will be compared to my child's baseline test, which will be on file at St. Luke's Clinic - Intermountain Orthopaedics, P.A., ("IO") in order to help determine safe return to participation in the activity.

I understand that I have the right to refuse testing. I understand that this is a medical management service being provided to determine baseline neurocognitive standing and this information is not being used as a research tool but will be maintained as part of my child's medical record. I understand that there is a \$15 fee for the baseline testing and agree to pay this fee. All test results will be interpreted by credentialed physicians - Dr. Alex Homaecheveria or Dr Kurt Nilsson of IO.

IO may disclose all or any part of my child's records to any party or organization responsible for all or part of the testing charges. IO may disclose all or part of my child's record to other health care providers including, but not limited to, hospitals, nursing homes, physicians, home health agencies, visiting nurse associates, or any other facility, organization or practitioner concerned with my child's continuing health care.

I understand that I may revoke this authorization at any time by providing a statement of revocation to IO.

Name of parent: _____

Name of guardian: _____

(Attach copies of Order and Letters of the Court for legal guardianship)

Signature of parent or guardian: _____

Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Primary Care Physician: _____

Parent/Guardian phone numbers:
(please indicate preferred contact number & time if necessary):

Home: _____

Work: _____

Cell: _____