



CARVER PUBLIC SCHOOLS

Athletic Department

60 South Meadow Rd., Carver, MA 02330

Office - 508-866-6136 Fax - 508-866-6883

Mike Schultz
Athletic Director

Phyllis Bowie
Athletic Secretary

Regina Hayes
Athletic Trainer

Dear Parent/Guardian,

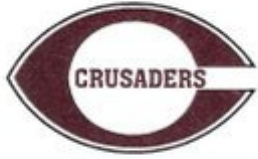
In an attempt to better manage concussions sustained by our student athletes, Carver High School will be using a new software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam which is currently being utilized by many professional, collegiate, and high school sports programs throughout the country. The exam is used to properly diagnose and manage concussions. ImPACT was developed by a team of physicians and neuro-psychologists at the University of Pittsburgh Medical Center (UPMC). When an athlete is believed to have suffered a head injury during competition, ImPACT will be used to determine the severity of the head injury, which can help in properly managing recovery.

The ImPACT test is a non-invasive computerized exam which is set up in a video game format. The test takes approximately 20 minutes to complete. It tracks information such as memory, reaction time, speed, and concentration. Essentially the ImPACT test is a preseason physical of the brain, it is not an IQ test. Athletes take a baseline exam at the start of the season before beginning any contact sport practice or competition. If a concussion is suspected, the athlete will be required to re-take the test. Both the baseline test and the post injury test data will be evaluated by your local doctor, a neuro-psychologist at South Shore Hospital, Dr. Jane Kent, and/or a neuro-psychologist at the UPMC Sports Concussion Program. Through this process these health care professionals will determine when return to play is appropriate and safe for the injured athlete. If your child should sustain an injury of this nature you will be promptly notified.

The Carver High School administration and athletic department are continually striving to keep your child's health and safety at the forefront of the student athlete experience. We are excited to use the ImPACT program as it will provide us with the best available means of managing concussions and preventing potential brain damage that can occur with multiple concussions. Athletes in the following sports will participate in the program this year: boys' and girls' soccer, field hockey, football, wrestling, hockey, and boys' and girls' basketball. All candidates for ImPACT testing must complete permission slips and have appropriate signatures before any testing can be performed. If you have any questions regarding this program please feel free to contact me at 508-866-6193 or visit the ImPACT website at www.impacttest.com.

Sincerely,

Mike Schultz
Director of Comprehensive Health and Athletics



CARVER HIGH SCHOOL ImPACT Program Permission Slip

Statement to be signed by the Student Athlete

I have read the attached letter pertaining to the Impact Concussion Management program and testing procedures. I understand the information provided by Carver High School Athletic department and it's purpose for developing such program. I agree to take part in any baseline/post injury testing to obtain accurate information which will be used in making appropriate decisions based on injury assessment.

The above information was explained to me by a coach or administrator for the sport of _____

Student signature _____

Date _____

Year of Graduation _____

Statement to be signed by Parent of Guardian

I acknowledged the receipt of a copy of the letter pertaining to the Impact Concussion Management program. I understand that the Carver Athletic Department will begin using this program during the 2008-2009 school year to properly manage head injuries. I understand the test procedures and the purpose of the baseline/post injury testing. I am aware that the information gathered through such testing is confidential in nature and will be used for the sole purpose of injury management under the direction of a Physician and Nuero-psychologist.

Based on the information provided, I give my son/daughter permission to take part in the baseline/post injury ImPACT Testing for the sport of _____.

Parent/Guardian signature _____

Date _____