

Parent Consent and Release Form

Winona Area Youth Hockey Association concussion information and management

For all players at all ages:

The Winona Youth Hockey association provides a concussion management program for all players at any age level. Program information and concussion information is handed out at the time of registration, and is available at any time for parents via the WAYHA website, coaches, the WAYHA Board of Directors, or thru the Winona Youth Sports Safety Committee.

For players age 10 and up:

The Winona Area Youth Hockey Association, in conjunction with Winona Health and the Winona Youth Sports Safety Committee, offers *ImPACT* testing for all WAYHA athletes. The *ImPACT* (Immediate Post-concussion Assessment and Cognitive Testing) was created as a screening tool to assist sports medicine professionals in evaluating athletes after a suspected concussion. Physicians and Certified Athletic Trainers play a crucial role in evaluation and treatment of the concussed athlete and are often involved in the baseline screening of the athlete.

ImPACT was not designed to take the place of regular medical care and should not be used without proper oversight. *ImPACT* should never be used as a “stand alone” instrument to make return to play decisions and the test results should always be placed within the context of the overall medical care of the athlete.

It is also important to emphasize that *ImPACT* is not a substitute for neuropsychological testing, which can only be completed by an appropriately trained and licensed Neuropsychologist. Neuropsychologists can play an important role in the evaluation of athletes who have experienced a concussion but are not usually involved in the acute management of the athlete.

This baseline test will be on file at Winona Health. **There is no charge for the testing.**

I do ___ do not ___ give consent to the Winona Youth Sports Safety Committee, Winona Health and the Winona Area Youth Hockey Association to administer the *ImPACT* baseline test for my child and allow them to release the *ImPACT* (Immediate Post-concussion Assessment and Cognitive Testing) results upon request to my child’s primary care physician, neurologist, or other treating physician.

I understand that general information about the test data may be provided to my child’s guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

I have read and understand the above information.

Name of player: _____ Player’s DOB: _____

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

Phone # _____ email: _____