



Banner
University Medicine
Sports Medicine & Concussion



Consent for Medical Treatment for Child and Medical Information Form

Name of Child: _____ Date of Birth: _____

Team: _____

I give consent to the Banner Concussion Center to administer baseline concussion testing through the Arizona Hockey Union and have read the accompanying letter to parents explaining the testing being done today.

My child will be completing:

_____ ImPACT™ Neurocognitive test (Ages 11+ only)

_____ Balance and Vision testing (Any age)

Signature _____

Printed Name _____

Mother () Father () Legal Guardian ()

Contact #: _____

Email: _____