



Dear Parent/Guardian,

North Memorial has begun utilizing an innovative program for student-athletes. The program is called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) and it is a computerized exam that the athlete takes prior to the season and if the athlete is believed to have suffered a head injury they re-take the exam to help determine a.) The extent of the injury b.) The location of the injury and c.) When the injury has healed

The exam takes about 30-40 minutes and is non-invasive. The program is basically set-up as a “video-game” type format. What it is doing is giving the brain a preseason physical of its cognitive abilities. It tracks information such as memory, reaction time, processing speed, and concentration. It is simple and actually most that take it enjoy the challenge of the test. The exam has gained recognition around the world.

If a concussion is suspected, the test is re-taken and the information can be used to better determine recovery. The information is shared with your regular doctor and a sound decision can be made as to when return-to-play is appropriate and safe.

I wish to stress that there is no invasive work being done with this program. This gives us the best available information in preventing brain damage that can occur with multiple concussions. North Memorial, along with the school administration, coaching, and athletic training staffs are trying to keep your child’s health and safety at the forefront of their athletic experience. Please send the second half of this sheet back, with the appropriate signatures, with your child. If you have any questions regarding this program please feel free to contact me at (763) 581-3530.

Sincerely,

Jason Cardosi, MA, CCC-SLP  
Speech-Language Pathologist  
North Memorial Health Care

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## PERMISSION SLIP

### For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program and the research.

Printed Name of Athlete \_\_\_\_\_ Sport \_\_\_\_\_

Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

The personal information provided by the individual participating in the ImPACT assessment is confidential and will not be released without written consent.

