



Banner
University Medicine
Sports Medicine & Concussion

Consent for Medical Screening for Child and Medical Information Form

Name of Child: _____ **Date of Birth:** _____

I give consent to the Banner Concussion Center to administer baseline concussion screening 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)**

Signature _____

Printed Name _____

Mother () Father () Legal Guardian ()

Contact # (required) : _____

Email (required) : _____