ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

LEVEL ONE TRAUMA CENTER

Spotswood High School Consent for Cognitive Testing and Release of Information

I give my permission for (name of child) _____

(child's date of birth) _____

to complete the baseline ImPACT® (Immediate Post-concussion Assessment and Cognitive Testing) test administered by Robert Wood Johnson University Hospital. ImPACT is the most-widely used and most scientifically validated computerized concussion evaluation system. All test results will be stored in Robert Wood Johnson University Hospital's ImPACT host server and is completely secure and HIPPA compliant. If you need specifics on security, you can contact Robert Wood Johnson University Hospital's Concussion Clinic at 732-253-3149.

If requested, Robert Wood Johnson University Hospital may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to your child's primary care physician, neurologist, or other treating physician, as indicated below.

I hereby release and hold harmless Robert Wood Johnson University Hospital from any and all liability or damages that may occur during the child's participation in this Post-concussion Assessment and Cognitive Testing.

Print Name of parent or guardian: _____

Signature of parent or guardian: _____

Signature of child: _____

Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of doctor: _____

Name of practice or group: _____

Phone number: _____

Student's home address: _____

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):

_____ (H) _____ (cell)