

**QUINCY PUBLIC SCHOOLS
CONSENT FORM
For participation in the ImPACT Cognitive Testing**

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete -----

Sport -----

Signature of Athlete

Date

Signature of Parent

Date