

Blackstone Valley Regional Vocational Technical High School



Michele S. Denise
Director of Athletics & Student Activities

65 Pleasant Street, Upton, MA 01568
mdenise@valleytech.k12.ma.us
Office 508-529-7758 x3141
Fax 508-529-2403

CONSENT FOR CONCUSSION SCREENING and RELEASE OF INFORMATION

I give my permission for (name of child) _____

(child's date of birth) _____

to have a Baseline and Post-Concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Blackstone Valley Tech (This one-time baseline screening will be administered prior to your son/daughter's first athletic season at BVT. Students will not need to be pre-tested again during their career at BVT). I understand that my child may need to be post-screened more than once, depending upon the results as compared to my child's baseline test, which will be on file at Blackstone Valley Tech. I understand there is no charge for the screening. This screening is done to provide us comparative data in the event that your son or daughter sustains a suspected concussion.

Blackstone Valley Tech may release both the Baseline and Post-Concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, other treating physician per your request or custodial parent/guardian, please provide your child's primary care physician below.

I understand that general information about the test data may be provided to Blackstone Valley Tech's school nurse and athletic trainer.

Name of parent or guardian: _____

Signature of parent or guardian: _____

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) _____ (W)

_____ (cell)

“ Home of the Beavers ”