

OFFICE OF EDUCATION & INSTRUCTION
Mike Vrvilo, *Executive Director of Education*

Mission: Mat-Su Borough School District prepares students for success

Dear Parent/Guardian,

Mat-Su Borough School District has an established and innovative program for our student-athletes. This program will assist the health care provider(s)/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

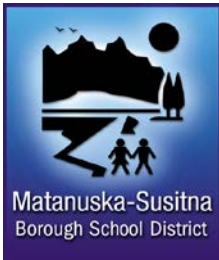
The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is user-friendly and many athletes enjoy the challenge of taking the test but it is important students read the directions thoroughly and follow all directions of their test administrator. Essentially, the ImPACT test is a pre-season physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to your local care provider to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Mat-Su Borough Schools' administration, coaching, and local care providers are striving to keep your child's health and safety at the forefront of the student athletic experience. Therefore, MSBSD schools have established a protocol that will also be shared with you regarding this assessment, injury, and return to play procedures. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact your high school's athletic director.

Sincerely,

Mike Vrvilo
Executive Director of Education



**CONSENT FOR PRESEASON AND IMMEDIATE POST
CONCUSSION ASSESSMENT AND CONGNITIVE TESTING
(ImPACT) & RELEASE OF INFORMATION**

I give my permission for (name of child) _____ (child's date of birth) ____/____/____

to have a preseason and post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Mat Su Borough Schools. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to his/her baseline test, which is on file at their high school. I understand there is no charge for the testing.

Mat Su Borough School District may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

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) _____