



Concussion Vital Signs Assessment Permission Form

Athlete Safety is our Top Priority:

All sports carry the potential for injury. Adolescent's brains are still developing; therefore the risk of concussion is high. Concussions can lead to short and long-term difficulties and limitations in everyday activities such as the following: learning, remembering, concentration, problem solving, and sports participation.

Concussion Vital Signs (CVS) is a test your child will take via computer/laptop that is designed for specifically for student-athletes. It contains seven standardized neuropsychological tests to assess a baseline as well as to better assist clinicians with the assessment of post-concussion brain function and symptoms. CVS has been provided to the student-athlete(s) of John Paul II Catholic High School via the ECU Sports Medicine Clinic and Youngs Physical Therapy & Sports Performance. We will complete a baseline assessment prior to competition. This CVS baseline score will be used as part of a medical evaluation to facilitate appropriate return-to-play status and daily activity restrictions in the event that a student-athlete sustains a concussion. With access to a baseline score, medical staff and administrators will be able to properly assess and protect the athlete.

Testing Objectives:

I understand that the tests that will be administered are for the purpose of determining my baseline neuropsychological status to better assist with concussion management. In the event that a student-athlete sustains a concussion, the test will be re-administered until the scores reflect the baseline assessment to ensure proper return-to-play status.

Explanation of Procedures:

The computerized test takes, on average, 30-45 minutes to complete. It must be administered by Youngs Physical Therapy & Sports Performance staff, unless otherwise instructed, in a quiet environment. Testing will be completed at John Paul II, at Youngs Physical Therapy & Sports Performance, or at ECU Sports Medicine Clinic. All baseline testing will be completed at John Paul II or Youngs Physical Therapy and Sports Performance with the use of personal or school computers. The results must be read by a physician. The results are accessible to Youngs Physical Therapy & Sports Performance and authorized medical providers. They will not be shared with unauthorized users, administrators, or athletes.

Please sign and date to confirm the following:

I have read the foregoing information and understand it. Questions concerning the procedures have been answered to my satisfaction. I also understand that I am free to withdraw consent and discontinue participating in any procedures. I have been informed that the information derived from these tests is confidential and will not be disclosed to unauthorized staff without my permission.

Please contact Mary Leach at (252)-565-8812 if you or your student-athlete have any questions or concerns regarding the CVS assessment prior to the test date.

Student Name: _____ Date: _____

If participant is under 18:

As Parent or Legal Guardian of _____, I consent to the above terms and conditions.

Print Name: _____ Signature: _____ Date: _____