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I have read the attached information regarding ImpACT and Concussion Education. I understand its contents and give my child permission to be ImpACT tested. I have been given an opportunity to ask questions in the areas of ImpACT testing and Concussions, and all questions have been answered to my satisfaction.

**Printed Name of Athlete** \_\_\_\_\_

**Printed Name of Parent** \_\_\_\_\_

**Sport(s)** \_\_\_\_\_

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



New York State Public  
High School Athletic Association

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