



**HFM Sports Medicine**  
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Dear Parent/Guardian,

Roncalli High School previously implemented an innovative program for our student-athletes in 2011. This program assists our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we utilize a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam currently used in many professional, collegiate, and high school sports programs across the country to successfully 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 administered at Roncalli High School to athletes before beginning contact sport practice or competition. This simple, non-invasive test is set up in “video-game” type format and takes about 30 minutes to complete. Essentially, the ImPACT test is a preseason physical of the brain and tracks information such as memory, reaction time, speed, and concentration. The ImPACT baseline test is not an IQ test, and your athlete cannot “fail” this test.

If a concussion is suspected, the athlete may be required to re-take the test. Post-injury testing will be done at HFM Lakeshore Orthopaedics Concussion Clinic with our Sports Medicine Physician, Dr. Marjorie Delo. Both the preseason and post-injury test data is given to Dr. Delo, and/or the athlete’s primary care physician to help evaluate the injury. The test data will enable us as healthcare 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 details of the injury and recommended care of the injury.

This program provides the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Roncalli High School administration, coaching, and athletic training staff strive to keep your child’s health and safety at the forefront of the student-athletic experience. Please review the consent form and return the attached page with the appropriate signatures.

If you have any further questions regarding this program or **you DO NOT consent to the ImPACT testing**, please contact me at **902-320-3128** or **bglinski@hfmhealth.org**.

Sincerely,

Bethany Glinski, MA, LAT





**Roncalli High School  
Consent for Cognitive Testing &  
Release of Information**

I give my permission for (*name of athlete*) \_\_\_\_\_ to have baseline ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) tests administered at Roncalli High School. I give permission for my child (named above) to have a post-concussive ImPACT test administered at Lakeshore Orthopaedics if a head injury is suspected.

I understand that my child will be tested more than once depending upon the results of the test, as compared to my child's baseline test, which will be on file at Roncalli High School. I also understand a repeat baseline is needed after two years in which no new consent form will be provided. **I understand there is no charge for the baseline testing, but in the case of post-concussion testing we may be billed and it may be covered by your insurance.**

Roncalli High School may release the ImPACT baseline results to Dr. Marjorie Delo, my child's primary care physician, neurologist, or other treating physician, or other healthcare professional as indicated below to aid in the clearance post-injury.

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.

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

Printed name of athlete: \_\_\_\_\_

Athlete's Sports involved: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***The ImPACT Baseline is valid for two years in which time baseline testing will be repeated.  
This form must be returned to the athletic trainer prior to administering the ImPACT test.***