

# Texas Health

## Ben Hogan Sports Medicine

### Healing Hands. Caring Hearts

Texas Health Ben Hogan Sports Medicine offers *ImPACT* testing. The *ImPACT* (Immediate Post-concussion Assessment and Cognitive Testing) was created as a screening tool to assist sports medicine professionals in evaluating athletes after a suspected concussion. Certified Athletic Trainers play a crucial role in evaluation and treatment of the concussed athlete and are often involved in the baseline screening of the athlete.

*ImPACT* was not designed to take the place of regular medical care and should not be used without proper oversight. *ImPACT* should never be used as a "stand alone" instrument to make return to play decisions and the test results should always be placed within the context of the overall medical care of the athlete.

It is also important to emphasize that *ImPACT* is not a substitute for neuropsychological testing, which can only be completed by an appropriately trained and licensed Neuropsychologist. Neuropsychologists can play an important role in the evaluation of athletes who have experienced a concussion but are not usually involved in the acute management of the athlete.

I give consent to Texas Health Ben Hogan Sports Medicine to administer the *ImPACT*\* post-injury test for my child and allow them to release the *ImPACT* (Immediate Post-concussion Assessment and Cognitive Testing) results upon request to my child's physician, neurologist, or other treating physician.

I understand that the Venus ISD is not involved in interpreting any *ImPACT* results. **THE PARENT AND/OR GUARDIAN, AND STUDENT DO HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE VENUS INDEPENDENT SCHOOL DISTRICT, ITS BOARD OF TRUSTEES, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, COACHES IN BOTH THEIR INDIVIDUAL AND OFFICIAL CAPACITY, AND ANY OTHER PERSON, FIRM, OR CORPORATION BOUND TO DEFEND OR PAY JUDGMENTS AGAINST IT AND/OR THEM, OR ANY OF THEM, FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS OR CAUSES OF ACTION, INCLUDING CLAIMS FOR CONTRIBUTION OR INDEMNITY, AND THE REASONABLE AND NECESSARY COSTS, INCLUDING ATTORNEY'S FEES INCURRED IN DEFENSE OF ANY SUCH CLAIM, WHICH ANY OTHER PERSON, FIRM, OR CORPORATION HAS OR MAY HAVE ARISING OUT OF/OR RESULTING FROM THE ADMINISTRATION OF THE *IMPACT* OR THE INTERPRETATION OF THE RESULTS OF THE *IMPACT* TESTING OR IN ANY WAY CONNECTED THERETO.**

Athletes Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

Date: \_\_\_\_\_ Contact # \_\_\_\_\_

email: \_\_\_\_\_

