

# The School District of Escambia County

## Consent for C3Logix Concussion Baseline Testing

Student-Athlete's Name: \_\_\_\_\_ School: \_\_\_\_\_  
(First) (MI) (Last)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 2015-2016 School Year Class: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Sport Participation: (Circle all that apply) Football Volleyball Cross Country Swimming/Diving Cheerleading  
Golf Basketball Soccer Wrestling Baseball Lacrosse Softball Tennis Track/Field Weightlifting

Print Parent/Guardian Name: \_\_\_\_\_  
(First) (MI) (Last) (Relationship to Patient)

Primary Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Circle type: Cell Home Work

### PLEASE READ CAREFULLY, THEN CHECK SECTION "A" OR "B" AND SIGN AT THE BOTTOM

Concussions are injuries to the brain. They affect the ability of the brain to react to and process information. Neurocognitive testing is a tool used to help accurately analyze and measure neurological and cognitive deficits that exist following concussions and head injuries. C3Logix tests balance, vision, and reaction times. Neurocognitive deficits can still be present even after an individual feels he or she is no longer experiencing symptoms of concussion; by having a baseline set of scores, if a student-athlete sustains a head injury, follow-up testing can be performed and the two sets of scores compared. The pre- and post- injury score comparison, along with the physician's clinical evaluation, helps more accurately determine when it is safest for a student-athlete to be cleared to start the return-to-participation progression following injury.

#### \_\_\_\_\_ Section A:

I **give** my permission for the student-athlete named and identified above to participate in the C3Logix neurocognitive concussion baseline testing administered by approved school district employees, vendors, and/or volunteers. I understand the nature and purpose of the testing, and give permission for my child to provide the information and perform the steps necessary to complete the testing. I understand that my child may need to be tested more than once depending on the validity of the testing results. I also understand that I am giving consent for any necessary post-injury C3Logix neurocognitive testing, should the student-athlete sustain an injury that warrants additional testing during the course of their sports participation. This form will be valid for two years.

#### \_\_\_\_\_ Section B:

I **do not give** my permission for the student-athlete named and identified above to participate in the C3Logix neurocognitive concussion baseline testing program. I understand that in the event the student-athlete sustains an injury that warrants post-injury neurocognitive testing I can choose to authorize the C3Logix testing at that time by providing permission in writing; I understand the student-athlete would not have his or her own baseline scores for comparison, however, and post-injury assessments would be compared to population-averaged scores instead of the individual's own scores.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_