

Screening Components: (2 Stations)

Registration: Parent and child consent and routing form (5 minutes)

ImPACT: Cognitive testing on computer (30 minutes-may be slightly less or more, depending on reading level)

Process:

- Parents should bring their completed registration form with their athlete to the ImPACT screening. We will have extra blank form should they forget. The Centegra screening team will collect and keep all of the registration forms after the ImPACT testing.
- No individual payments will be collected.
- All parents will receive a folder containing educational materials regarding signs and symptoms of a concussion, follow up, and resources for additional testing.
- Screenings will be read daily by a Centegra Nurse Practitioner with a specialty in Neurology. Any concerning results or retests will be communicated to the athlete's parent within 72 hours of the screening; other than this, no formal results will be given.

CENTEGRA HEALTH SYSTEM ♦ Wellness ♦ 815.788.2269 ♦ FAX: 815.206.2830
Centegra Health System- 2012 Lake Villa Timberwolves Football

Lake Villa Timberwolves	
Legal Name	First: _____ MI: _____ Last: _____
Address	_____
City/Zip	_____
Phone	_____
E-Mail Address of Parent	_____
Age, Date of Birth, Gender and Height	Age: _____ Date of Birth: _____ Gender: _____ Height: _____
LEAVE THIS FORM following screening (PLEASE DO NOT TAKE WITH YOU)	CENTEGRA INFORMED CONSENT FOR PARTICIPATION IN Concussion Screening:
	I give permission for: _____ to receive ImPACT (Baseline Cognitive Testing) by Centegra Health System which is stored by Centegra Health System. Centegra Health System may release the ImPACT test results to my child's/student athlete's primary care physician or other treating medical professional as necessary for treatment following a concussion.
	Name of Primary Care Physician/ Pediatrician: _____
	Phone # of Primary Care Physician/Pediatrician: _____
	Participant Signature: _____
	Parent Name (please print): _____
Parent Signature: _____	

(The following information to be filled in by Screening Team)

Have you ever concurred a concussion? _____
 If so, how many and when? _____

Screening:	Description:	(✓)	
ECHO Screening	High School Cardiac Screening		
Concussion Screening	Concussion/ Impact		\$5.00
August 6,10, 13 2012	Centegra Computer Lab 213 N. Front St. (Route 31), McHenry, IL 60050 3pm – 8pm all three days		