

The School District of Santa Rosa County Consent for C3Logix Concussion Baseline Testing

Student-Athlete's Name: _____ School: _____
First MI Last

Date of Birth: ____/____/____ 2020-2021 School Year Grade: 6th 7th 8th 9th 10th 11th 12th
MM DD YYYY

Gender: Male Female Which is your dominant or writing hand? Left Right

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

Do you receive any extra accommodation to help you learn in school? IEP 504 Plan Other None

Have you been diagnosed with any of the following: ADD ADHD Learning Disability None

Have you been diagnosed with any of the following: Depression Anxiety Other Mental Health Condition None

Has a doctor ever diagnosed you with chronic headaches? No Yes

Have you ever had a prior concussion? No Yes
 If yes, how many? _____ When did the most recent concussion occur? ____/____/____

Are you on any regular medication? No Yes If yes, did you take the medication today? No Yes
 If yes, what medication? _____

Print Parent/Guardian Name: _____
First MI Last Relationship to Student

Primary Contact Phone: (_____) _____ - _____ Type: Cell Home Work

PLEASE READ CAREFULLY AND SIGN BELOW

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 assessment, if a student-athlete sustains a head injury, follow-up testing can be performed at appropriate intervals and the two sets of scores then compared. The pre- and post-injury score comparison, along with a 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. The concussion baseline assessment is not used to diagnose or identify whether or not the student-athlete has a concussion injury at the time of testing; furthermore, baseline testing should not be performed while a student-athlete is receiving medical treatment for an existing concussion injury. **Wear or bring glasses or contacts worn normally to testing.**

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 from the baseline test date.

Parent/Guardian Signature: _____ Date: ____/____/____

Student-Athlete Signature: _____ Date: ____/____/____