

ST. TAMMANY PARISH SCHOOL BOARD  
 CONCUSSION MANAGEMENT PILOT PROGRAM  
 STUDENT PARTICIPATION APPLICATION

My child, \_\_\_\_\_, has my permission to participate in the  
Name of Student  
 Concussion Management Pilot Program at \_\_\_\_\_ High School. We have studied  
 the requirements for participation and agree to its terms. We understand that the collected data from the  
 ImPACT testing on my child will be confidential and can be reviewed only by the athletic trainer of my  
 child's school and a physician. The viewing of my child's records by any other person must have my  
 expressed permission in writing. Questions can be answered by contacting the coach, principal or athletic  
 trainer of the sports school.  Yes I approve participation.  No I do not want my child to participate.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent or Legal Guardian's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Parent or Legal Guardian's Name

Please complete all information requested below:

Name of student: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_