

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 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: _____