



ATHLETIC PRE-PARTICIPATION FORM (SEASONAL)

The Concord Carlisle administration, coaches, athletic trainer and nurses strive to keep your child's health and safety at the forefront of the athletic experience. Please fill out the information below and return this form to your child's coach to submit to the Athletic Trainer.

Name of Student _____

Health History Update

Does your student-athlete carry an epipen? yes [] no [] Please specify the allergy: _____

Has your your student-athlete ever:

had a head injury or concussion? yes [] no []

had a seizure? yes [] no []

had numbness or tingling in your arms, hands, legs or feet? yes [] no []

passed out during or after exercise? yes [] no []

had chest pain during or after exercise? yes [] no []

had a family member die of heart problems before age 50? yes [] no []

had wheezing, asthma or reactive airway disease? yes [] no []

broken or fractured any bones, or dislocated any joints? yes [] no []

Please specify: _____

had pain or swelling in muscles, tendons, bones or joints? yes [] no []

Please specify: _____

Consent to Participate in ImPACT Testing

Concord-Carlisle High School is currently implementing an innovative program to assist in the evaluation and treatment of head injuries. ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) is a brief, computerized test that is used to help determine the severity of head injury, and to help indicate when the injury has healed.

I give my permission for my son/daughter to participate in ImPACT testing.

I decline testing for the following reasons: _____.

My son/daughter already received neurocognitive testing such as ImPACT or Headminder,

administered by _____ in _____
Month/Year

Signature of Parent/Guardian

Date