



HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT

Serving East Hanover Township, Florham Park Borough and Hanover Township



Mr. Joseph Merlino
Assistant Principal/
Athletic Director

Mr. Michael George
Assistant Principal/
Athletic Director

HANOVER PARK HIGH SCHOOL
63 Mt. Pleasant Avenue
E. Hanover, N.J. 07936
(973) 887-0300

WHIPPANY PARK HIGH SCHOOL
165 Whippany Road
Whippany, N.J. 07981
(973) 887-3004

October 5, 2007

Dear Parent/Guardian:

The Hanover Park Regional High School District is currently implementing a new program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImpACT (Immediate Post Concussion Assessment and Cognitive Testing). ImpACT is a computerized exam used to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImpACT is used to help determine the severity of the head injury and when the injury has fully healed.

This non-invasive test is set up in a "video-game" type format and takes about 25-35 minutes to complete. Essentially, the ImpACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It is **not** an IQ test and this test will **not** be placed in a student's academic file; only on their medical file. This test will be given once every other school year for the following sports: (Sports not listed below are considered low risk for a concussion).

FALL

Football
Boys/Girls Soccer
Field Hockey
Cheerleading
Volleyball

WINTER

Wrestling
Boys/Girls Basketball
Ice Hockey

SPRING

Boys/Girls Lacrosse
Baseball
Softball
Pole Vaulters
High Jumpers

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to our school medical inspector or a neuropsychologist to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. Hanover Park Regional High School District's administrators, coaches, and athletic trainers are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact Heather Peterson at Hanover Park High School at (973) 887-0300 x2274 or Nicole Member at Whippany Park High School at (973) 887-3004 x3235

Sincerely,

Joseph Merlino
Assistant Principal/Athletics Director

Michael George
Assistant Principal/Athletics Director

CONSENT FORM

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

Yes, I have read the attached information. I understand its contents. I have been given the opportunity to ask questions and the responses are to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

No, I do not want to participate in this program. I understand that refusing to participate may lead the physician to under-/overestimate the severity of the head injury, if one were to occur, since there is no neurocognitive baseline to compare with the post-concussion test results. I also understand if at anytime I change my mind, all I have to do is turn in another consent form agreeing to participate to the athletic trainer at the appropriate school.

Printed Name of Athlete: _____

Sport: _____

Grade: _____

Signature of Athlete

Date

Signature of Parent

Date

****Please return this consent form to the Athletic Trainer at your school.***