



**PARENTAL CONSENT FORM FOR
ImPACT CONCUSSION COGNITIVE TESTING
AND IHSA RANDOM STEROID TESTING**

By signing below, we consent to having the administration of an ImPACT Baseline Concussion Assessment and Cognitive Test to my child at Niles North High School. We also understand that in the event my son/daughter sustains a concussion while participating in athletics, they may need to be tested post-concussion. There is no charge for the testing.

By signing below, we consent to random testing in accordance with the Illinois High School Association's steroid testing policy. This consent form is good for 4 years.

The cost of all testing will be covered by the IHSA.

I give my permission for (name of child) _____

Child's student ID number _____

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____