Dear Parent/Guardian,

Friends Seminary is currently implementing an innovative program for our student-athletes. This program will assist our team health professionals/athletic trainers in evaluating and treating head injuries.

We have retained New York University School of Medicine and NYU Hospital Center (collectively, “NYU”) to provide an NYU physician as Medical Director for the Friends Seminary Concussion Management Team. Among other things, the Medical Director or covering physician will be available to Friends Seminary by phone 24/7. The Medical Director also will develop the Concussion Detection and Management Protocol for Friends Seminary and “Return to Learn” and “Return to Play” guidelines, in collaboration with the Friends Seminary Concussion Management Team.

Further, in order to better manage such injuries sustained by our student-athletes, we have acquired a license to use a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to assist in the diagnosis and management of head trauma. If an athlete is believed to have suffered a head injury, ImPACT is used to help determine the severity of the injury and the duration of any adverse effects.

The computerized exam can be given to athletes before beginning practice or competition in any sport. This non-invasive test is set up in “video-game” type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. 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.

An NYU concussion specialist will review ImPACT test results for students with a history of concussions and for students with new concussions. An NYU concussion specialist also will review all initial ImPACT test results for Friends Seminary students, to check that the tests appear to have been properly administered and recorded.

If a head injury is sustained, the athlete can re-take the test. Both the preseason and post-injury test data may be given to a doctor or other health professional to help evaluate the injury. The information gathered can also be shared with your family doctor. By signing this Consent Form, you consent to have your child participate in the initial ImPACT baseline testing, and that the preseason and post-injury test data may be provided to health care professionals at Friends’ sole discretion, even if this information might otherwise be protected from disclosure by the Family Educational Rights and Privacy Act (FERPA) or the Health Insurance Portability and Accountability Act (HIPAA) and their associated regulations. The test data will help these health professionals determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature is sustained by your child, you will be promptly contacted with all the details.

We wish to stress that the ImPACT testing procedures are non-invasive, and there are no expected risks to your student-athlete. We believe that implementing this program is a “best practice” that will provide us information for assessing and managing head injuries. Friends’ administration, coaching, and athletic training staffs 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 Rosalyn Nunez at Friends at (212) 979-5035 x 214 or rnunez@friendsseminary.org or David Lieber at Friends at (212) 979-5035 x 132 or dlieber@friendsseminary.org

I agree to indemnify and hold harmless Friends Seminary, the NYQM, all affiliated organizations, the officers, Commissioners, agents, and employees, from all losses, claims, actions, suits, expenses, liabilities, damages, and legal fees, on the account of any loss, injury, or damage to persons, property, arising from or related to my child’s participation in the NYU and ImPACT Concussion Management Program.

I have read and understand all of the above statements and give permission for my child to participate in the NYU and ImPACT Concussion Management Program.

Signature of parent/guardian ___________________________ Date __________

Print Name of parent/guardian ___________________________ Date __________

Print Name of student ___________________________ Date __________

Signature of the student ___________________________ Date __________