The School District of Escambia County **Consent for C3Logix Concussion Baseline Testing**

Student-Athlete's Name:		MI	School:				
		MI	Last			- 1	
Date of Birth:/	/	2018-2019	School Year Gr	rade: 6 th	7 th 8 th	9 th 10 th	11 th 12 th
Gender: Male Fema	ıle	Which is yo	ur dominant o	r writing h	and? L	eft Right	
Sport Participation:	Basketball	Baseball	Cheerleading	Cross Co	ountry	Flag Football	l
(Circle all that apply)	Football	Golf Lacro	osse Soccer	Softba	all Swi	imming/Divin	ıg
	Tennis T	rack/Field	Volleyball	Weightliftin	g Wre	estling	
Do you receive any extra	accommodat	ion to help yo	u learn in scho	ol? IEF	504 I	Plan Oth	er None
Have you been diagnosed	l with any of t	the following:	ADD	ADHD	Learnin	ng Disability	None
Have you been diagnosed	l with any of t	the following:	Depression	Anxiety	Other Men	tal Health Cor	ndition None
Has a doctor ever diagnos	sed you with	chronic heada	nches? No	Yes			
Have you ever had a prio	r concussion?	? No	Yes				
If yes, how many?		When did the	most recent co	oncussion o	occur?	/	_/
Are you on any regular m	edication?	No Yes	If yes, did	you take th	ne medicat	tion today?	No Yes
If yes, what medica	tion?						
Print Parent/Guardian Name: First MI Last Relationship to Student							
				Last		Relations	ship to Student
Primary Contact Phone:	()		·	_ Type:	Cell	Home	Work
	PLEASE	E READ CAR	EFULLY AND	SIGN BE	LOW		
Concussions are injuries to testing is a tool used to be concussions and head injurieven after an individual feels a student-athlete sustains at then compared. The pre- and determine when it is safest for the concussion baseline assinjury at the time of testin medical treatment for an existence of the state of the s	nelp accurately ies. C3Logix tess he or she is n head injury, fold post-injury so or a student-atsessment is not g; furthermore	y analyze and sts balance, visi o longer experiously low-up testing core comparison thete to be clear used to diagnow, baseline testi	measure neurol on, and reaction encing symptom can be performed n, along with a pired to start the rose or identify wing should not be	ogical and a times. Neu s of concuss d at appropr hysician's cl eturn-to-parhether or no performe	cognitive of rocognitive control by have intervalunced evaluction pot the student while a	leficits that deficits can ing a baseling a baseling als and the twation, helps rorogression fent-athlete has student-athlete	exist following still be present e assessment, if to sets of scores nore accurately following injury. as a concussion ete is receiving
I give my permission for to concussion baseline testing the nature and purpose of to necessary to complete the testing results. I also us should the student-athlete s. This form will be valid for two	administered the testing, and esting. I unders understand tha sustain an injur	by approved so d give permissi- tand that my ch t I am giving co ry that warrant	hool district em on for my child ild may need to nsent for any ne s additional test	ployees, ver to provide be tested mo cessary pos	ndors, and/ the informa ore than on- t-injury C3L	for volunteer ation and per ce depending Logix neuroco	rs. I understand rform the steps on the validity ognitive testing,
Parent/Guardian Signatu	re:				_ Date:	/	/
Student-Athlete Signatur	e: Intended	l to remain valid (after reaching the	age of 18	Date:	/	/