

IMPACT – Concussion Management

Dear Parents/Guardians:

For the sixth consecutive year, the Clark County School District will utilize the IMPACT, Concussion Management Program. The intent of this program is to reduce the risk of injury to your son or daughter due to concussions. It is a program used by the National Football League, the National Hockey League, many minor league teams, including the Las Vegas Gladiators, and many college and high school programs across the nation.

Developed by the University of Pittsburgh, the program allows trained medical personnel to determine when an athlete should continue athletic participation after suffering a concussion or head injury. This may reduce the likelihood of "Second Impact Syndrome", which can lead to serious or permanent head injury or death.

During the previous five years, over 300 students were treated for concussions, including incidents in the sports of tennis and volleyball. Each student who participates in interscholastic athletics at this school is required to be covered by this program and is responsible for a \$5.00 annual fee. If your son or daughter suffers a concussion or head injury, or has at anytime in the past, he/she will be assessed and monitored throughout the year. The program covers incidents that occur at any time, 24 hours a day, seven days a week.

We are pleased to provide this low cost program for your son or daughter. If you have any questions, please contact your school's athletic department.

Sincerely,

Ray Mathis, Executive Director, Instructional Support & Student Activities

As the parent/guardian of _____, I understand that my son/daughter will be covered by the ImPact Concussion Management Program. I agree that I am responsible for the \$5.00 annual fee for this coverage. Your signature gives permission for exchange of all necessary information among school staff (trainers, coaches, athletic director, nurses, teachers, administrators, etc.) Sports Concussion Specialists of Nevada – Drs. Kinsora and Ross, your child's health provider, and you, the parent/guardian to assist with decisions regarding clearance for your child to resume participation and/or competition.

Parent Signature

Date