

# ImPACT

(Pre-concussion testing)

## Testing Declination Form

I do not want my son/daughter to participate in the ImPACT concussion testing program.  
I understand that I have been given the opportunity to ask questions regarding this program.

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Print Name

Graduation Year

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Signature of student/athlete

Date

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Signature of parent/guardian

Date

If you DO NOT want your child to be tested, please return this signed declination form to the Health Office prior to the testing date.

Your child may automatically be tested if this form is not submitted by the dates posted for conducting ImPACT testing. If you DO want your child tested, disregard this form.

Contact the Health or Athletic Office with Questions:

**Athletic Director** Dan O'Connell 947-0313 ext. 225 doconnell@johnbapst.org  
**School Nurse** 947-0313 ext. 122