Advocate Condell Medical Center
801 South Milwaukee Avenue || Libertyville, IL 60048 || T 847.362.2900 || advocatehealth.com

Grass Lake School

August 15nd, 2023

ImPACT Baseline Testing

Student's Name_____

Date of Birth _____

Parent/Guardian's Email Address _____

Do you give your consent to have the Baseline Concussion Screening performed with your child?

_____YES _____NO

By selecting yes, you agree to the following:

I understand that this is not a diagnostic test, rather a screening to establish my child's baseline neurocognitive function which may be used in the event a concussion is sustained.

The screening test and discussion of the screening results does not establish a diagnostic or treatment relationship between myself and/or my child with Advocate Aurora Healthcare or Advocate Condell Medical Center, its staff or providers.

Parent Signature_____