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Chair, School Nurse, Counselor

Mr. Barry Brazunas, M.Ed.
Middle School Director, Counselor

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Counselor (CCIU)

Rev. Richard
Wyzykiewicz, Sch.P., M.A.
Chaplain, Counselor

Mrs. Gail Hamman
T/E School Nurse

March 2, 2011

Dear Parents

Devon Preparatory School is currently implementing an innovative program for our students. This program will assist the school nurse, the athletic trainer, our coaches and your family doctor in evaluating head injuries (concussions). In order to better manage concussions sustained by our students, we have acquired 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 program across the country to successfully diagnose and manage concussions. If a student is believed to have suffered a head injury ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

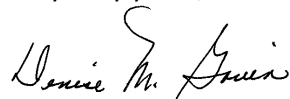
The computerized exam will be given to every student. This non-invasive test is set up in "video game" type format and takes about 30 minutes to complete. Essentially, the ImPACT test is a physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It is not an IQ test.

If a concussion is suspected the student will be required to retake the test. Both the pre and post injury test data will be made available to the student's doctor to help evaluate the injury. This data will enable the student's doctor to determine when return to contact type conduct is appropriate and safe for the injured student. As usual, if an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and pose no risk to your son.

We are excited to implement this program as it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The administration, School Nurse, coaching and athletic training staffs are striving to keep your son's health and safety at the forefront of their academic/athletic experience. Please return the attached page with the appropriate signatures. If you have any questions regarding this program, please contact me at this number: 610-688-7337, ext. 112.

Very truly yours,



Denise M. Gavin, BSN, MA, RN,C.
School Nurse

ImPACT CONSENT FORM

I have read the attached information regarding the ImPACT program. I understand its contents and have been given an opportunity to ask questions about the program. I agree that my son may participate in the ImPACT Concussion Management Program.

Printed Name of Student _____

Class of _____

Sport (if appropriate) _____

Signature of Student

Date

Signature of Parent

Date