Staff Use Only:	Check-in Time	QR Code (last 5 digits)
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Pensacola Catholic High School Consent for C3Logix Concussion Baseline Testing

Student-Athlete's Name:				School:	
	First	MI	Last		
Date of Birth:///// YY		School Year Grade	: 6 th 7 th 8 th	9 th 10 th	11 th 12 th
Gender: Male Female	Which is yo	ur dominant or wr	iting hand?	Left Rig	ht
Sport Participation: Basketba	all Baseball	Cheerleading	g Cross Co	ountry	Flag Football
(Circle all that apply) Football	Golf	Lacrosse So	ccer Soft	ball Swi	m/Diving
Tennis	Track/Field	Volleyball	Weightlifting	g Wrest	ling
Do you receive any extra accommodat	ion to help you lear	n in school?	504 Plan	Other	None
Have you been diagnosed with any of	the following: AD	D ADHD	Learning (Disability	None
Have you been diagnosed with any of	the following: Dep	ression Anxiety	Other Mental H	ealth Conditio	on None
Has a doctor ever diagnosed you with	chronic headaches?	? No	⁄es		
Have you ever had a prior concussion? If yes, how many? Wh			ccur?	//_	
Are you on any regular medication?	No Yes	If yes, did you tak	e the medicatio	n today? N	lo Yes
If yes, what medication?					
Print Parent/Guardian Name:	First	MI	Last	Rela	ationship to Student
Primary Contact Phone: ()		Type: Cell	Home	Work
ı	PLEASE READ CA	REFULLY AND S	IGN BELOW		
Concussions are injuries to the brain. The a tool used to help accurately analyze injuries. C3Logix tests balance, vision, ar or she is no longer experiencing symptor follow-up testing can be performed at a comparison, along with a physician's clir cleared to start the return-to-participation identify whether or not the student-abe performed while a student-athlete contacts worn normally to testing.	and measure neurond reaction times. No ms of concussion. By opropriate intervals a prical evaluation, help on progression follo thlete has a concuss	ological and cognitice urocognitive defice that the having a baseline and the two sets of the more accurately wing injury. The cosion injury at the tire	ve deficits that ts can still be proassessment, if a scores then comdetermine when incussion baseling fur of testing; fur	exist following esent even afte student-athlet op ared. The proit is safest for le assessment thermore, bas	concussions and header an individual feels he e sustains a head injury e- and post- injury score a student-athlete to be is not used to diagnose eline testing should not
I give my permission for the student-arbaseline testing administered by appropurpose of the testing and give permiss testing. I understand that my child may understand that I am giving consent for an injury that warrants additional testing baseline test date.	oved school district on for my child to p need to be tested any necessary post-	employees, vendo rovide the informa more than once o injury C3Logix neu	ors, and/or volution and perforn epending on the rocognitive testi	nteers. I unden the steps ned a validity of the ng, should the	erstand the nature and cessary to complete the de testing results. I also student-athlete sustair
Parent/Guardian Signature:				Date:	//
Student-Athlete Signature:			[Date:	/ /