Save The Brain Helena – Parental Consent Form

Athlete’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_

Sport\_\_\_\_\_\_\_\_\_\_\_\_ Team\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Contact Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my consent for Save The Brain Helena volunteers to perform baseline concussion screening. I am aware that this is a screening to gather baseline information on my child and is NOT a medical evaluation of an injury. If an injury occurs, a full medical evaluation is recommended. We recommend parents keep a copy of this screening to provide to their healthcare practitioner in the event that an injury occurs.

The information will be kept at:

Performance Injury Care & Sports Medicine 3150 N. Montana Ave.

Helena, MT 59602

Parental Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_