SUGAR SALEM SCHOOL DISTRICT

CONCUSSION MANAGEMENT MODEL (Appendix 1)

Parent Permission Letter

Dear Parent or Guardian:

We are taking a proactive approach in managing the cognitive function of our student-Athletes by partnering with Axon Sports and using its innovative Computerized Cognitive Assessment Tool (CCAT) as part of a concussion management program.

We request that your child register at axonsports.com to take a Baseline test using this online tool. The Athlete account is easily created and password protected. The purpose of the Axon Sports CCAT is to establish and store a Baseline of cognitive function. In the event your child sustains a suspected concussion or other traumatic brain injury (TBI), the Baseline results can be compared with your child’s performance on an After Injury test. This comparison helps to indicate any change in cognition and is an important tool in an overall concussion management program.

Because your child is a minor, Axon Sports requires Parents or Guardians to read and agree to the Terms of Use and Privacy Policy for Axon Sports and its CCAT, by signing a consent form. Without your consent, your child will not be able to maintain an account or store test results at [axonsports.com](http://axonsports.com).

We ask that you take a few minutes now to review these important documents at axonsports.com. If you don’t have access to the Internet, you can review printed versions of these documents in our office. Following your review, please sign the consent form and return it to our office.

AXON SPORTS PARENTAL CONSENT FORM

By granting consent, you certify that the Institution has provided you with an opportunity to review the Axon Sports Terms of Use and Privacy Policy or that you have reviewed the Terms of Use and Privacy Policy at axonsports.com. Without your consent, your minor child’s Axon Sports account may be deleted and any Baseline tests that have been taken will no longer be accessible.

I hereby grant my consent to the registration of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at axonsports.com and to the administration and supervision of the Axon Sports CCAT by the Institution who has provided this Consent Form and hereby accept the Terms of Use and Privacy Policy on behalf of myself and my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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