The School District of Escambia County
Consent for C3Logix Concussion Baseline Testing

**Student-Athlete’s Name:** ___________________________________  **School:** ______________________

**Date of Birth:** _____ / _____ / ______   **2024-2025 School Year Grade:** 6th  7th  8th  9th  10th  11th  12th

**Gender:** Male   Female  **Which is your dominant or writing hand?** Left   Right

**Sport Participation:**  Basketball  Baseball  Cheerleading  Cross Country  Flag Football  
(Figure all that apply)  Football  Golf  Lacrosse  Soccer  Softball  Swim/Diving  
Tennis  Track/Field  Volleyball  Weightlifting  Wrestling

**Do you receive any extra accommodation to help you learn in school?**  IEP  504 Plan  Other  None

**Have you been diagnosed with any of the following:**  ADD  ADHD  Learning Disability  None

**Have you been diagnosed with any of the following:**  Depression  Anxiety  Other Mental Health Condition  None

**Has a doctor ever diagnosed you with chronic headaches?**  No   Yes

**Have you ever had a prior concussion?**  No   Yes  
If yes, how many? ____________  When did the most recent concussion occur? _____ / _____ / ______

**Are you on any regular medication?**  No   Yes  
If yes, did you take the medication today?  No   Yes  
If yes, what medication? __________________________________________

Print Parent/Guardian Name: ___________________________________  __________________________________

**Primary Contact Phone:** ( _______ )  _______-___________  **Type:** Cell   Home   Work

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**PLEASE READ CAREFULLY AND SIGN BELOW**

Concussions are injuries to the brain. They affect the ability of the brain to react to and process information. Neurocognitive testing is a tool used to help accurately analyze and measure neurological and cognitive deficits that exist following concussions and head injuries. C3Logix tests balance, vision, and reaction times. Neurocognitive deficits can still be present even after an individual feels he or she is no longer experiencing symptoms of concussion. By having a baseline assessment, if a student-athlete sustains a head injury, follow-up testing can be performed at appropriate intervals and the two sets of scores then compared. The pre- and post- injury score comparison, along with a physician’s clinical evaluation, helps more accurately determine when it is safest for a student-athlete to be cleared to start the return-to-participation progression following injury. The concussion baseline assessment is not used to diagnose or identify whether or not the student-athlete has a concussion injury at the time of testing; furthermore, baseline testing should not be performed while a student-athlete is receiving medical treatment for an existing concussion injury. **Wear or bring glasses or contacts worn normally to testing.**

I give my permission for the student-athlete named and identified above to participate in the C3Logix neurocognitive concussion baseline testing administered by approved school district employees, vendors, and/or volunteers. I understand the nature and purpose of the testing, and give permission for my child to provide the information and perform the steps necessary to complete the testing. I understand that my child may need to be tested more than once depending on the validity of the testing results. I also understand that I am giving consent for any necessary post-injury C3Logix neurocognitive testing, should the student-athlete sustain an injury that warrants additional testing during the course of their sports participation. This form will be valid for two years from the baseline test date.

**Parent/Guardian Signature:** ___________________________________  **Date:** _____ / _____ / ______

**Student-Athlete Signature:** ___________________________________  **Date:** _____ / _____ / ______

*Intended to remain valid after reaching the age of 18*