

## AXON (CogState) SPORTS PARENTAL CONSENT FORM

Your child's school, sports association or Medical Provider (the "Institution") wants your child to register at <https://cogstateccat.cogstate.com/view/rs/login.cfm> to take a baseline concussion test using the Axon/Cogstate Sports Computerized Cognitive Assessment Tool (CCAT).

All testing will be completed at your child's school at no cost to you. Baseline testing is recommended prior to the start of the sports season and is only necessary one time throughout a high school career. In some cases, a second baseline may be performed if significant injury is sustained.

The Axon/Cogstate Sports CCAT is very important— it is designed to establish and store a baseline of cognitive function that a qualified Medical Provider can use to compare your child's after injury performance on the same test in the event that they sustain a suspected concussion or other traumatic brain injury (TBI). While the Axon/Cogstate Sports CCAT can't prevent an injury, and should never be used by a coach or parent to make a final decision on whether your child has had an injury or has recovered and can safely return to the classroom, practice, or competitive play, it is a valuable tool for your qualified Medical Provider if and when your child might sustain a concussion or similar injury.

Because your child is a minor, Axon/Cogstate Sports requires parents or guardians to review the Terms of Use and Privacy Policy for <https://cogstateccat.cogstate.com/view/rs/login.cfm> and the CCAT and grant consent for your child to participate. By providing your consent, you certify that the Institution has provided you with an opportunity to review the Terms of Use and Privacy Policy or that you have reviewed the Terms of Use and Privacy Policy at <https://cogstateccat.cogstate.com/view/rs/login.cfm>.

**Please return a copy of this form to the Institution that provided it to you.**

**I provide consent** for my child \_\_\_\_\_ to complete Axon testing.

Child Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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**I decline to take the Axon testing:** Child Name: \_\_\_\_\_ Sport: \_\_\_\_\_

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

Signature of Parent or Guardian: \_\_\_\_\_

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