Stat	f Use Onl	y: Check-in Time	QR Code	(last 5 digits))	Screening □ Yes	□ No to all

Okaloosa County School District Consent for C3Logix Concussion Baseline Testing

Student-Athlete's Name					Sch	ool:	
	F	irst	MI	Last			
Date of Birth:	///	_ 2021-2022	School Year G	rade: 6 th	7 th 8 th 9	th 10 th	11 th 12 th
Gender: Male	Female	Which is yo	our dominant	or writing	hand? Lef	t Rig	ht
Sport Participation:	Basketball	Baseball	Cheerle	ading	Cross Coun	try	Flag Football
(Circle all that apply)	Football	Golf	Lacrosse	Soccer	Softball	Swi	m/Diving
	Tennis	Track/Field	Volleyba	II W	eightlifting/	Wrest	ling
Do you receive any extr	a accommodation	to help you lea	rn in school?	IEP	504 Plan	Other	None
Have you been diagnose	ed with any of the	following: A	DD AD	HD	Learning Disa	bility	None
Have you been diagnose	ed with any of the	following: Dep	pression Anxi	ety Othe	r Mental Healt	h Conditio	n None
Has a doctor ever diagn	osed you with chro	onic headaches	? No	Yes			
Have you ever had a pri If yes, how many?			es ecent concuss	on occur?	/	/	
Are you on any regular	medication? No) Yes	If yes, did yo	u take the	medication to	day? N	o Yes
If yes, what med	lication?						
Print Parent/Guardian N		First	MI		Last	Rela	tionship to Student
Primary Contact Phone:	: () _	=_		_ Туре	: Cell	Home	Work
	PLE	ASE READ CA	AREFULLY AI	ND SIGN	BELOW		
Concussions are injuries to a tool used to help accuinjuries. C3Logix tests ba or she is no longer experfollow-up testing can be comparison, along with a cleared to start the return or identify whether or no be performed while a scontacts worn normally to	urately analyze and re lance, vision, and re iencing symptoms of performed at approa physician's clinical rn-to-participation pot the student-athlet is re	measure neuro eaction times. Not of concussion. Bounded priate intervals evaluation, help progression follot te has a concus	ological and colleurocognitive y having a base and the two se ps more accura owing injury. T ssion injury at t	ognitive de deficits car eline assess ets of score ately deter he concuss he time of	ficits that exist still be present sment, if a studes then comparmine when it is sion baseline as testing; further	t following at even after ent-athlete ed. The pressent essessment emore, bas	concussions and header an individual feels he e sustains a head injury e- and post- injury scor- a student-athlete to be is not used to diagnose eline testing should no
I give my permission for baseline testing adminis purpose of the testing, a testing. I understand that understand that I am giv an injury that warrants a baseline test date.	stered by approved nd give permission at my child may ne ring consent for any	school district for my child to ped to be tested necessary post	t employees, v provide the inf d more than o t-injury C3Logix	vendors, and ormation and ormation and ormation and ormation are dependented as the contraction of the contraction and or an endors are dependented as the contraction and ore	nd/or voluntee and perform the ding on the va nitive testing, s	ers. I unde e steps ned lidity of th should the	rstand the nature and cessary to complete the e testing results. I also student-athlete sustail
Parent/Guardian Signat	ure:				Date	e:/	//
Student-Athlete Signatu	ıre:				Date): 	_//