



Consent Form

For use of the Axon Baseline testing

I have read the concussion education information that has been provided per state law. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I understand that the baseline testing is optional for my son/daughter and agree to have my son/daughter participate in the Axon Concussion Baseline testing program.

Print Athletes Name \_\_\_\_\_

Sport(s) \_\_\_\_\_

Signature of athlete \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_