PINKERTON ACADEMY
• 1814 •

Dear Parent or Guardian,

You are receiving this letter because your child sustained a concussion. He/she is eligible to participate in Concussion Chalk Talk, a collaborative program between the New Hampshire Bureau of Developmental Services, the Brain Injury Association of New Hampshire, and the Geisel School of Medicine at Dartmouth. Athletic trainers manage concussions in sports with a stepwise progression back to play. Likewise, the student needs a stepwise progression to go back to the classroom. This program is designed to assist schools with understanding the necessary academic adjustments for a concussed student.

The Concussion Management Team (CMT) at Pinkerton Academy consists of key school personnel. **Jenna Parsons** is the Concussion Room Coordinator and she can be reached at *Jennaparsons@pinkertonacademy.org and 437-5200 x 3125.*

As a participant in the Chalk Talk program, your child is entitled to the following services:

1. If your child experiences symptoms during the school day, he or she may spend time in the Chalk Talk Room, which is a quiet, supervised area in the school where he or she can rest until symptoms improve.
2. Each morning, before school starts, your child meets with a member of the CMT to evaluate current symptoms and determine a plan for each day.
3. The Concussion Coordinator will consult with teachers, parents, and the student to ensure that your child returns to the learning environment in a graduated, safe manner with appropriate academic support. This includes ensuring that your child's workload is adjusted appropriately over the course of their recovery, and that a reasonable plan is in place to make up critical missed assignments.

A highlight of the program is the presence of a member of the Dartmouth-Hitchcock Medical Center Neuropsychology team on the CMT, who will collaborate with the school to help your child's CMT make necessary adjustments and ensure that your child receives the best possible care. If you give permission for your child to participate in the Concussion Chalk Talk program, information about your child's symptoms will be shared with the neuropsychologist.

Please choose ONE of the following options and return this form to Mrs.Parsons as soon as possible.

_____ I give permission for my child to participate in the Concussion Chalk Talk program. This means that I authorize members of the Pinkerton Academy CMT to disclose relevant protected health information and educational records to neuropsychologists at Dartmouth-Hitchcock Medical Center who are involved with this program.

_____ I give permission for my child to participate in the Concussion Chalk Talk program, but do not want my child's information shared with anyone outside of Pinkerton Academy.

____ I do not give permission for my child to participate in the Concussion Chalk Talk program.

Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____