Date: [Insert Date]

To: [Parent/Guardian Name or Athlete Name]
From: [Name of Organization/Provider]
Subject: Recommendation for Baseline Concussion Testing

Dear [Name],

As we prepare for the upcoming [Insert Season/Year] athletic season, we are writing to strongly recommend that your athlete undergo baseline concussion testing before participating in full-contact practices or competitions.

Baseline testing is a pre-season exam used to assess an athlete's normal brain function-including memory, reaction time, and concentration. These results are kept on file and serve as a personal "benchmark" for the athlete.

In the event of a suspected head injury, medical professionals can compare post-injury test results to the baseline data. This comparison is a critical tool in helping healthcare providers make informed decisions regarding:

- The severity of the injury.
- Safe return-to-learn protocols for school.
- The appropriate timeline for a safe return to play.

Testing can be completed at [Insert Location/Clinic Name] or through [Insert Specific Test Name, e.g., ImPACT]. Please ensure this testing is completed by [Insert Deadline Date] and that a copy of the confirmation is provided to the [Insert Department, e.g., Athletic Training Office].

If you have any questions regarding the testing process or our concussion safety protocols, please contact [Insert Contact Person] at [Insert Phone/Email].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Organization]