

COVID-19 Student Testing Consent Form

****Parents/Guardians**** please fill out this form for each student in your household that will be voluntarily participating in district sports.

Please enter the sport your student will be participating in: _____

Student Participant Information

Student's Full Name: _____ Grade: _____

Parent/Guardian Information

Parent/Guardian Full Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

In order for the district to be in compliance with the Local Public Health Order –Youth Extracurricular Activities and Youth Sports Guidance, Mandatory COVID-19 Testing for participants, youth, coaches, support staff, etc. – COVID-19 Testing must be conducted twice weekly antigen or once weekly PCR for persons age 12 and older who are not fully vaccinated within 72 hours of competition. It is recommended that children under the age of 12 also be tested, but testing is not required for this age group. Individuals who have had a positive COVID-19 test in the past 90 days are excluded from testing with documentation of a positive test result.

Please choose one of the below options:

Yes, I agree: I give my consent for my child to be tested per the Local Public Health Order for Youth Extracurricular Activities and Youth Sports Guidance. **I understand this allows my child to be tested for COVID-19 using an antigen or PCR test and allow submission of the test results to the district, county, state or any other governmental agency as required by law.**

PLEASE SIGN BELOW:

I attest that:

I have signed this form **freely and voluntarily**, and **I am legally authorized** to make decisions for the child named above. I consent for my child to be tested for COVID-19 infection.

I understand that my child will be tested at multiple times during the sports season.

I understand that if my child receives a positive test result, state, public health and district safety protocols will be enforced.

I understand that as with any medical test there is potential for false positives or false negative test results.

I understand that this consent form will be valid through **June 30, 2022**, unless I notify the designated contact person from my child's school **in writing** that I revoke my consent.

I understand that my child's test results and other information may be disclosed as permitted by law.

I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.

I have been informed about the test purpose, procedures, possible benefits and risks.

I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time.

Date: _____

Signature of Parent/Guardian: _____

Signature of Student: _____

Date: _____

