Curtis Creek Elementary School District

**COVID-19 Student Testing Consent Form -** *Effective 10/15/2021*

**\*\*Parents/Guardians\*\***

1. Please fill out this form for each student in your household that will be voluntarily participating in district sports.
2. In addition, please follow this link in order to register your student for testing: <https://my.primary.health/r/tuolumne?registration_type=Curtis+Creek+Students>

**Please enter the sports your student will be participating in:**

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**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 must be conducted twice weekly antigen or once weekly PCR for persons regardless of age or vaccine status within 72 hours of competition. 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 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 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 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.**

Signature or Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Coaches will have information about the dates and times testing will take place.