

## COVID-19 Student Testing Consent Form

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

**Please select the sport your student will be participating in:**

Football

### 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 CDPH Guidance-Outdoor/Indoor Youth Sports, Mandatory COVID-19 Testing for participants and coaches in Outdoor High –Contact sports must be conducted weekly and testing results made available within 24 hours of play.

**Please choose one of the below options:**

**Yes, I agree:** I give my consent for my child to be tested per the California Department of Public Health under 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, 2021**, 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.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if child is under age 18)

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(if age 18 or over or otherwise authorized to consent)