

Consent Form for Rapid COVID-19 Antigen Test

Freeman High School

Student Name:	Student Birthdate:
Parent/Guardian Name(s):	
Home Address:	Phone #

Please carefully read the following information and sign the authorization to antigen test for COVID-19.

TESTING FOR HIGH RISK/HIGH AEROSOL INDOOR SPORTS:

- I understand that the WIAA has mandated Covid, antigen testing as part of participation in high risk indoor sports this year. High Risk Indoor sports have been classified as wrestling, basketball and cheerleading.
- I understand that testing is required regardless of vaccination status.
- I understand that testing will take place three times per week.

TESTING FOR ALL OTHER SPORTS:

- I understand that the Spokane Regional Health District has mandated testing of all team members if one member of the team tests positive, regardless of vaccination status. Follow-up tests may be required. As long as results are negative, those players may continue to participate in practices/competitions.

BASIC TESTING GUIDELINES:

- I understand that the entity performing the test is not acting as a medical provider.
- I understand and assume complete and full responsibility to take appropriate action with regards to my test results and obtain medical care if necessary.
- I understand that the COVID-19 antigen test will be conducted using an Abbott Laboratories, BinaxNow antigen test kit provided by the Washington State Department of Health.
- I understand that my students' Athletic Director or his designee has undergone training to facilitate this test for our students.
- ***I understand that I will administer my own test via a nasal swab under the direct supervision of a trained test facilitator (FSD staff). (Basically, students swab their own nose and give the swab to a test facilitator).***
- I understand that, as with any medical test, there is the potential for a false positive or false negative test result.
- ***I understand that the antigen test results will be available in 15-30 minutes. If the result is positive, I will need to self-isolate to avoid infecting others.***
- I understand that my test result will be disclosed to the appropriate public health authorities as required by law.
- ***Student- I understand that if I do not wish to continue with COVID-19 diagnostic testing that I may decline to test; however, this decision will not allow me to continue participating because antigen testing is a requirement per WIAA mandate for high risk indoor sports.***
- ***Parent- I understand that I may withdraw my consent to have my student participate in testing at any time and understand that by withdrawing, my student will not be permitted to participate for the remainder of the season.***

AUTHORIZATION/CONSENT TO TEST FOR COVID-19
I agree to authorize my child to undergo COVID-19 testing

Proof of Student Vaccination (please attach proof)
My student has been fully vaccinated

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date