



COVID-19 Testing Consent Form

Student Name: _____

Student ID#: _____

Student DOB: _____

School: _____

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

1. I understand that testing is required for unvaccinated students, coaches, and staff participating in sports or extracurricular activities deemed to be high-risk according to CDC.
2. I understand that COVID-19 testing will be conducted by an authorized vendor approved by the North Carolina Department of Health and Human Services (NCDHHS) and is required by the Guilford County Board of Education.
3. I understand the frequency of testing will be determined based on current level of COVID-19 community transmission and vaccination coverage.
4. I understand the entity performing the test is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results and my medical care. I agree I will seek medical advice, care, and treatment from my medical provider or other health care entity if I have questions or concerns, if I develop symptoms of COVID-19, or if my condition worsens.
5. I understand it is my responsibility to inform my health care provider of a positive test result and that a copy will not be sent to my health care provider for me.
6. I understand that a positive test result is an indication that I need to self-isolate to avoid infecting others and will remain isolated until meeting conditions established by the Guilford County Department of Public Health for ending isolation.
7. I have been informed of the test purpose, procedures, and potential risks and benefits.
8. I understand that if I do not wish to continue participating in the COVID-19 testing program, I may decline to test. If I decline to test, I will no longer be permitted to practice or be rostered on any team sport or otherwise engaged in athletics or other activities for which testing is required by the Guilford County Board of Education.
9. I understand my test results may be shared without my individual authorization to ensure public health and safety and to control the spread of COVID-19.
10. I understand my test results will be disclosed to the appropriate public health authorities as required by law.
11. I understand I may withdraw my consent to participate in testing at any time, and that in doing so I will forfeit the privilege to participate in sports or other select activities sponsored by the school and/or Guilford County Schools.

This consent form is valid for the 2021-22 school year or until testing requirements change.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

- I agree to undergo COVID-19 testing during the time it is required as a condition of participating in sports or other select activities. (Adults and students 18 year of age or older.)
- I authorize my child to undergo COVID-19 testing during the time it is required as a condition of participating in sports or other select activities. (Students under 18 years of age.)
- I/my child has been vaccinated and will not be participating in the testing program.
- Proof of vaccination has been provided to the school.

Patient/Parent/Legal Guardian Signature

Date