



August 16, 2021

Dear Parents/Guardians,

We are excited to return to a more traditional athletics environment and schedule during the 2021-22 school year. However, to ensure that our student-athletes and coaches can safely participate, the Guilford County Board of Education has implemented a testing requirement for those participants who are not vaccinated against COVID-19.

This means that all unvaccinated coaches, sponsors, athletes and other students participating in high-risk activities such as marching band, chorus, orchestra, dance and JROTC will be tested for COVID-19 on a regular basis.

Plans for the testing program are still being developed, but we can share these details.

- Athletic and activity participants who are not fully vaccinated will be required to consent to testing as a condition of participating on the team or activity.
- Participants will be required to get tested for COVID-19 two times per week until the number of cases decrease
- Testing will be conducted on site at the school during normal working hours.
- We have opted to use antigen rapid testing, which will provide results within 1 hour.
- A state-approved medical diagnostics laboratory, Concentric by Ginkgo, will be conducting the testing.
- We will follow a district-wide testing calendar that will be posted and shared with parents.
- If anyone required to participate in testing misses their test, they will not be permitted to participate until they provide acceptable proof of a **negative** test result (antigen or PCR) or until the next cycle of testing at the school.

As we prepare for the testing program, we need to begin collecting proof of vaccination and/or consent forms. Please submit these to the school no later than **Monday, August 23, 2021 at 4:00 p.m.** If the school does not receive the required documentation, the student will not be permitted to participate in any team activities until the information is received by the school.

To submit proof of vaccination, please provide a copy of the vaccination card to your child's school. If you are unable to print a copy, please work with your child's school directly.

We are working hard to do our part and appreciate your support in our efforts to ensure the health and safety of students and staff, while at the same time protecting the academic programs at our schools.

Sincerely

Leigh G. Hebbard
Director III – Activities, Athletics, and Drivers Education



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