

Consent Form for Rapid COVID-19 Antigen Test Pilot Program

Participant First Name: _____ Last Name: _____

DOB: _____ School: _____

Please carefully read the following informed consent, which is required to participate in organized sports, as stated in the Michigan Department of Health and Human Services' ("MDHHS") "Gatherings and Face Mask Order" dated December 18, 2020, until further order or direction from the MDHHS.

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

1. I understand that the COVID-19 testing will be conducted three times per week through a BinaxNOW antigen test, or other acceptable test as ordered by an authorized medical provider or a public health official.
2. I understand that my ability to receive testing is limited to the availability of test supplies.
3. I understand that I am not creating a patient relationship with the ordering physician by participating in this testing. I understand the entity or individual performing the test may be a school administrator or coach, and 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.
4. 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.
5. I understand that my antigen test result will be available in 15-30 minutes. If the result is positive, it will need to be confirmed with a polymerase chain reaction ("PCR") test before participation in organized sports will be approved.
6. I understand and acknowledge that a positive antigen test result is an indication that I need to self-isolate to avoid infecting others until I obtain a negative PCR test result.
7. I have been informed of the test purpose, procedures, and potential risks and benefits. I will have the opportunity to ask questions before proceeding with a COVID-19 diagnostic test at the testing site. I understand that if I do not wish to continue with the COVID-19 diagnostic test, I may decline to test. If I decline to test, I may not participate in athletic practice or competition.
8. I understand that to ensure public health and safety and to control the spread of COVID-19, my test results, which will be retained by an appropriate schools administrator, may be shared with third parties, including the appropriate health authorities as required by law, and I hereby consent to the same under the Family Educational Rights and Privacy Act ("FERPA") and the Health Insurance Portability and Accountability Act ("HIPAA").
9. I understand, acknowledge, assume, and accept any and all risks of injury and illness associated with participating in the pilot testing program and any related practices and competitions.
10. I understand that I may withdraw my consent to participate in testing at any time, and that doing so will forfeit my ability to participate in the pilot program and athletic practice or competition.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

I agree to undergo the COVID-19 antigen testing for the duration of the fall athletics testing pilot period/ authorize myself (or my minor child) to undergo testing.

Participant Signature & Date

Parent/Guardian Signature & Date if Participant is a Minor