

ATHLETIC CONSENT FOR COVID-19 RAPID ANTIGEN TESTING

1. Authorization and Consent for Covid-19 Rapid Antigen Testing

I voluntarily consent and authorize Poway Unified School District to conduct weekly collection, testing, and analysis for the purposes of a COVID-19 diagnostic test. I acknowledge and understand that my COVID-19 diagnostic test will require the collection of an appropriate sample through a nasopharyngeal swab, oral swab, or other recommended collection procedures. I understand that there are risks and benefits associated with undergoing a rapid antigen test for COVID-19 and there may be a potential for false positive or false negative test results. I assume complete and full responsibility to take appropriate action with regard to my test results. Should I have questions or concerns regarding my results, or a worsening of my condition, I shall promptly seek advice and treatment from an appropriate medical provider.

I acknowledge that the District is strongly encouraged, and in some instances required, to conduct antigen or PCR COVID-19 diagnostic testing pursuant to the California Department of Public Health's February 19, 2021 guidance that requires testing of athletes and coaches in certain sports, which can be found at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx>.

2. Patient Rights and Privacy Practices

a) Notice of Privacy Practices and Patient Rights: I acknowledge that the District may contract with a testing provider for the purposes of collection, testing, and analysis of COVID-19 diagnostic tests and I consent to the sharing of my health information between the District and the provider, as well as the use and disclose of my health information to carry out testing and conduct health care administrative operations and for other purposes that are permitted or required by law.

I understand that my results will only be disclosed to those employees within the District who have a business need to know such results for purposes of school and workplace safety, in compliance with testing protocols and/or to avoid transmission of COVID-19 at District schools. Except as set forth in this document, or as otherwise required by applicable law, I understand that my COVID-19 test results will remain confidential.

b) Disclosure to Appropriate Government Authorities: I acknowledge and agree that the District may disclose my test results and associated information to appropriate county, state, or other governmental and regulatory entities as may be permitted or required by law.

3. Release

To the fullest extent permitted by law, I hereby release, discharge and hold harmless, District, including, without limitation, any of its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my COVID-19 diagnostic test or the disclosure of my COVID-19 test results.

I acknowledge and agree that I have read and I understand and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 rapid antigen test, procedures to be performed, and potential risks and benefits. I have been provided an opportunity to ask questions before proceeding with a COVID-19 diagnostic test and I understand that if I do not wish to continue with the collection, testing, or analysis of a COVID-19 antigen test, I may decline. I also acknowledge that if I decline to continue with the collection, testing or analysis of a COVID-19 antigen test that I may be disqualified from participating in District sponsored sporting events and practices. I have read the contents of this form in its entirety and I voluntarily consent to undergo diagnostic testing for COVID-19.

Name of person to be tested (student or employee):

Date:

Signature:

Parent Name (for students)

Date:

Signature