

# COVID-19 Testing Consent Form

## CONSENT

The novel coronavirus ("COVID-19") pandemic presents a new disease with the state of scientific and medical knowledge regarding COVID-19 being limited and constantly evolving. There remain unknowns regarding how the disease is spread and contracted and there is currently no known treatment or cure. COVID-19 is reported to be highly contagious and spread easily from person to person. COVID-19 may result in serious illness, debilitating injury, or death. Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

Name of Athlete Being Tested: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

By completing this form, I consent to allow a trained school staff member to test my athlete for COVID-19. I understand that this is surveillance testing required for participation in sports as directed by DOH and WIAA.

I understand that COVID-19 testing for athletes is optional and that I may refuse to give consent, in which case, the named athlete will not be tested. I understand that athletes will NOT travel with the team into Washington and will not be eligible to participate in sports in Washington only.

I understand that the school is not acting as the athlete's healthcare provider, this testing does not replace treatment by the athlete's healthcare provider, and I assume complete and full responsibility to take appropriate action regarding the athlete's test results. I understand that it remains my responsibility to seek medical advice, care and treatment for my athlete from their healthcare provider.

I understand that there is a possibility of false negative COVID-19 test results and that athletes could still be infected with COVID-19 even if the test result is negative. I also understand that if my athlete tests positive for COVID-19, the test result will be reported to the local public health authority as required by law. Personal health information will not be released without written consent except when required by law.

I  give permission for trained school staff to test my athlete for COVID-19 per WA Department of Health Guidelines. I understand that permission for testing is required for my student to participate in sports as directed by WA Department of Health and WIAA.

I  do not give permission for my athlete to be tested. I understand that if I do not give permission for testing, my athlete may not participate in sports in the state of Washington as directed by WA Department of Health and WIAA.

I understand that testing is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above and knowingly assume any risks associated with this testing. I hereby voluntarily agree to waive and discharge any and all claims against the District related to or arising out of COVID-19 testing, and voluntarily release the District from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the District or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself and my child to the fullest extent allowed by law. By signing below, and in consideration for providing testing to me/my child, I agree to release, discharge, indemnify, and hold harmless the District and its employees, agents, volunteers, and representatives from an liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising in any way from COVID-19 testing.

Parents Signature

Date

Contact the Administration at your child's school if you have questions.