

Covid-19 Testing Authorization

Purpose: This form is used for an individual to authorize Prevea Health to administer COVID-19 testing as a surveillance measure while participating in a school athletic program.

Section A: Student Information

Name: _____ Date of Birth: _____
Address: _____ School: _____
City, State Zip: _____ Phone: _____
Sport(s): _____

Section B: Consent to Testing

COVID-19 testing is necessary for students participating in athletic programs at the School and will be performed on students as a precaution from time to time. I hereby consent to COVID-19 testing for the above-named student at School for COVID-19 surveillance for School's athletic program.

I am aware that medicine is not an exact science and I acknowledge that no guarantee has been made to me concerning the test results. I understand that the results of the COVID-19 test may affect my son/daughter's ability to participate in athletic programs during a designated quarantine period. I recognize the School has found surveillance testing essential in protecting the above-named student and preventing the spread of COVID-19. I understand that I may, at any time, refuse to have the above-named student tested for COVID-19 but I recognize this may affect their ability to participate in the school's athletic programs.

Section C: Expiration

This authorization will expire at the end of the current school year.

Current School year: _____

Parent/Guardian Signature (If student is under 18 years of age)

I, _____, have had full opportunity to read this authorization and I understand its contents. I agree that I am signing this form voluntarily. I understand that, by signing this form, I am confirming my authorization for COVID-19 surveillance testing for my son/daughter during their participation in the school's athletic programs.

Parent/Guardian Signature: _____ Date: _____

Student Athlete's Signature (If athlete is 18 years of age)

I, _____, have had full opportunity to read this authorization and I understand its contents. I agree that I am signing this form voluntarily. I understand that, by signing this form, I am confirming my authorization for COVID-19 surveillance testing to participate in the school's athletic programs.

Student Athlete's Signature: _____ Date: _____