



Kent School District Consent Form for Rapid COVID-19 Antigen Test

Name:

Birthdate:

School:

Parent/Guardian Name(s) [if applicable]:

Participants in high-risk sports will continue to test three-times weekly, including on the day of competition, with a rapid antigen test.

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

1. I understand that COVID-19 testing of the above-named person will be conducted with an FDA approved rapid antigen test. The type or brand of the test provided will be dependent on the availability from King County.
2. I understand that the ability of the above-named person to receive testing is limited to the availability of test supplies.
3. I understand the entity performing the test is not acting as the above-named person’s medical provider. Testing does not replace treatment by a medical provider. I assume complete and full responsibility to take appropriate action with regards to the test results, including seeking medical advice, care, and treatment from a medical provider or other health care entity if I have questions or concerns, if the above-named person develops symptoms of COVID-19, or if the above-named person’s condition worsens.
4. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
5. I understand it is my responsibility to inform the above-named person’s health care provider of a positive test result, and that a copy will not be sent to the above-named person’s health care provider for me.
6. I understand that the antigen test result will be available in 15-30 minutes.
7. I understand and acknowledge that a positive antigen test result is an indication that the above-named person needs to self-isolate to avoid infecting others.
8. I understand that to ensure public health and safety and to control the spread of COVID-19, the test results may be shared without my individual authorization. The test results will be disclosed to the appropriate public health authorities, the Office of Superintendent of Public Instruction, and as otherwise permitted or required by law.
10. I understand that I may withdraw my consent to the testing at any time before it is performed but will result in the inability to participate in the sport.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19 using a Rapid Antigen Test.

I consent to authorize the above-named person to undergo COVID-19 rapid antigen testing.

Parent/Guardian Signature

Date

I consent to undergo COVID-19 rapid antigen testing.

Student Signature

Date