



## **BISHOP MANOGUE CATHOLIC HIGH SCHOOL COVID-19 TESTING INFORMED CONSENT**

### **STUDENT INFORMATION**

As directed by local health officials and school athletic officials, some athletic teams may require a negative COVID-19 test in order to participate in Bishop Manogue Catholic High School Athletic competitions. Please complete the following information pertaining to your child.

Each student requires his or her own release. If you have more than one student requiring pre-competition COVID-19 testing, you will need to submit an individual form for each child.

1. STUDENT NAME: \_\_\_\_\_
2. DATE OF BIRTH: \_\_\_\_\_
3. STUDENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
5. PHONE NUMBER: \_\_\_\_\_
6. SPORT/ACTIVITY REQUIRING TESTING: \_\_\_\_\_

### **INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING AT BISHOP MANOGUE CATHOLIC HIGH SCHOOL**

Please carefully read the following informed consent:

- A. I authorize Bishop Manogue Catholic High School, Timely Testing, and associated personnel to conduct collection and testing for COVID-19 on my child through a nasopharyngeal swab or saliva test as ordered by public health officials and the NIAA.
- B. I authorize my child's test results to be disclosed to school personnel, county officials, state officials, or to any other governmental or scholastic entity as may be required by law.
- C. I acknowledge that a positive test result is an indication that my child must self-isolate in an effort to avoid infecting others.

- D. I understand that neither Bishop Manogue Catholic High School nor Timely Testing is acting as my child's medical provider. Testing does not replace treatment by a medical provider. I assume complete and full responsibility to take appropriate action with regard to my child's test results. I agree I will seek medical advice, care, and treatment from my child's medical provider if I have questions or concerns, or if my child's condition worsens.
- E. I understand that, as with any medical test, there is the potential false positive or false negative test results can occur.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits, and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time.

I voluntarily agree to my child testing for COVID-19 for the purpose of athletic participation at Bishop Manogue Catholic High School.

#### **AGREEMENT FOR SELF-ISOLATION AND DISCLOSURE OF SYMPTOMS**

It is crucial that if any student/player is exhibiting any signs or symptoms of COVID-19 or any illness, that they refrain from attending school, sports practice, competitions, or any other form of in person school activities or athletic-related gatherings. **If a member of any Bishop Manogue Catholic High School team tests positive for COVID-19 prior to competition, the team may be required to forfeit the competition and face a potential early-season shutdown.** Additionally, if a student tests positive for COVID-19, the student will be required to follow Bishop Manogue Catholic High School's exclusion policy and isolation protocol.

It is important for you and your child to comply with this Isolation and Disclosure of Symptoms Agreement in order to protect the public's health and the well-being of our student body.

Thank you for your cooperation.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits, and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree for my child to test for COVID-19 at Bishop Manogue Catholic High School and will follow the appropriate COVID-19 protocol as outlined in prior school communications.

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SIGNATURE OF PARENT/GUARDIAN

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DATE

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STUDENT NAME