



catawba county
public health

COVID-19 Student Athlete Antigen Testing Consent Form

Patient Information		
Last Name:	First Name:	MI
Date of Birth:	Phone:	
Street Address	City	
State/Zip	County	
Gender	Race	
Ethnicity--Select One: Hispanic/Latino Not Hispanic/Latino		

Informed Consent for COVID-19 Testing

By signing below, I attest that:

- a. I, the undersigned, am legally authorized to make decisions for the student named above, and I voluntarily agree to COVID-19 testing for the student.
- b. I have been informed about the test purpose, procedures, possible benefits and risks. 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.
- c. I authorize a Catawba County COVID-19 testing representative to test the student for COVID-19 by conducting specimen collection and testing for COVID-19 through a nasal swab.
- d. I acknowledge that a positive test result is an indication that I must isolate the student and follow other prescribed activities in an effort to avoid infecting others.
- e. I understand that I am not creating a patient relationship with Catawba County Public Health by consenting to this testing. I understand the testing unit is not acting as a 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. I agree I will seek medical advice, care and treatment from a medical provider if I have questions or concerns, or if conditions worsen.
- f. I understand that, as with any medical test, there is the potential for false positive or false negative test results.
- g. I understand that this consent form will remain valid unless I notify the school in writing that I revoke my consent.
- h. I understand that the test results and other information may be disclosed as required or permitted by law.

Patient/Guardian Signature: _____ Date: _____

Relationship to Patient: _____