



Student Information for COVID19 Testing

Important Please Read & Complete

Identification Verified with Valid ID: <input type="checkbox"/> Yes <input type="checkbox"/> No DATE: _____		
Student Name (PLEASE PRINT): _____		
Address: _____		
City: _____	State: _____	Zip Code _____
Phone # _____	Email Address: _____	
Date of Birth: _____	Birth Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____		
Are you currently experiencing any of the following symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check each symptom you are experiencing.		
<input type="checkbox"/> Fever or chills	<input type="checkbox"/> Cough	<input type="checkbox"/> Shortness of breath or difficulty breathing
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Muscle or body aches	<input type="checkbox"/> Headache
<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Congestion or runny nose
<input type="checkbox"/> Nausea or vomiting	<input type="checkbox"/> Diarrhea	
Acknowledgment of Testing and Mask Requirements:		
<p>I understand that Governor Herbert signed Executive Order 2020-73 on 8 November 2020. It requires each participant including each coach, trainer, staff member, and athlete, to wear a face mask, except while actively performing as an athlete AND to submit to and receive a negative test result from a diagnostic test to determine current COVID-19 infection weekly before participating in any extracurricular activity. The results of the test will be released to the Southwest Utah Public Health Department. If I refuse to comply with the testing requirement or fail to comply with the mask wearing requirement, I understand that I will not be allowed to participate in the extracurricular activity.</p>		
Signed: _____		
Name _____	Date _____	
Testing Protocol:		
<input type="checkbox"/> Record Time Test Started on Test Card _____		
<input type="checkbox"/> Record Time Test Card is Read: _____		
<input type="checkbox"/> Test Results _____		
Clinician Signature: _____		

Kane School District

COVID-19 Testing: Informed Consent

Student's Name:

School:

Please carefully read and sign the following informed consent:

- a. I authorize Kane School District/Southwest Utah Public Health Department to conduct collection and testing for COVID-19 as required by UHSAA for my student to participate in extracurricular activities.
- b. I authorize my student's test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- c. I acknowledge that a positive test is an indication that an individual must self-isolate and/or wear a mask or face covering as directed in an effort to avoid infecting others.
- d. I understand that Kane School District/Southwest Utah Public Health Department is not acting as a medical provider, this testing does not replace treatment by a medical provider. As a parent, I assume complete and full responsibility to take appropriate action with regards to my student's test results. I will seek medical advice, care and treatment from my medical provider if the need arises.
- e. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

By signing this form, I also confirm that: I have been informed about the test purpose, procedures, possible benefits and risks, and I have received copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I understand that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: