Benzie County Central Schools Athletic Testing
9300 Homestead Rd. Benzonia, MI 49616

Consent and Registration Form for Weekly Rapid COVID-19 Antigen Test

First Name: _____ Last Name: _____

DOB: _____ School: _____

Please carefully read the following informed consent:

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

1. I understand that the COVID-19 testing will be conducted through a BinaxNOW antigen test.
2. I understand that participation in this program allows me to practice and compete unmasked.
3. I understand that I will be required to test each Monday morning or the first day of the school week that I am in attendance.
4. I understand that the school district will inform the Benzie Leelanau Health Department if I have a positive test.
5. I understand that my antigen test result will be available in 15-30 minutes. If the result is positive, it will need to be confirmed with a PCR test. These tests are available at the local health department.
6. I understand and acknowledge that a positive antigen test result is an indication that I need to self-isolate to avoid infecting others. I can return to school after 10 days.
7. I have been informed of the test purpose, procedures, and potential risks and benefits. I will have the opportunity to ask questions before proceeding with a COVID-19 diagnostic test at the testing site.
8. I understand that I may withdraw my consent to participate in testing at any time but will then be required to mask during games and practices.
9. I understand that my test results will be disclosed to the appropriate public health authorities as required by law.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

☐ I agree to undergo the COVID-19 antigen testing for the duration of the testing period/ authorize my child to undergo testing

_____ _____
Patient/Parent/Legal Guardian Signature Date

Phone Number: ( ) - _____ - _____ Email Address: _____

Street Address: _____

City/State/Zip: _____