This model consent and registration form is provided by MDHHS as a template for schools to consider when creating a consent form for their participation in the MI Safer Sports testing program. Schools should consult their own legal counsel when creating a program and testing consent form.

## **Consent and Registration Form for Rapid COVID-19 Antigen Test**

Testing Facility: Owosso High School Athletics	(District Code: 78110; School Code 02924)
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Address: 765 E. North St. Owosso, MI 48867 Phone: 989-729-5494 Testing Date: Weekly

## **Personal Information**

Result:

+/-

+/-

+/-

Student ID #	First Name:		Last Name:		
DOB: (mm/dd/yyyy)/	/	_			
Street Address:					
Phone Number: ( )		_			
Gender: * Male * Female *Prefer not to	o answer				
Race: Please check the box next to the one that be American Indian/Alaskan Native	est describes your race.				
Black/African American					
□ Asian					
White/Caucasian					
Hawaiian/ Pacific Islander					
□ Other					
Unknown					
Hispanic or Latino: Please check the box next to or	ne of the following that <b>k</b>	est describes your ethnic	ity.		
Latino or Hispanic					
Not Latino or Hispanic					
Unknown or Decline to specify					
Arab or Middle Eastern: Please check the box next	to one of the following	that best describes your e	thnicity.		
Arab or Middle Eastern					
Not Arab or Middle Eastern					
<ul> <li>Unknown or Decline to specify</li> </ul>					
Do you have symptoms related to COVID-19? Y If yes, what is the date the symptoms started?	és No Unkno	wn			
*Have your insurance information ready in case	e antigen test is negative and saliva PCR test i:	indicated. For those without insurance, no-cos	it test state-run test sites are available.		
4/5, 4/12, 4	4/19, 4/26,	5/3, 5/10, 5/	17, 5/24,	5/31,	6/7

+/- +/-

+/- +/-

+/-

+/-

+/-



## MI Safer Sports COVID-19 Testing Program: Participant Code of Conduct

The Michigan Department of Health and Human Services is pleased to provide COVID-19 rapid antigen tests for all athletics. All participants must be tested consistent with MDHHS Interim Guidance for Athletics issued on March 20, 2021.

As a participant in the MI Safer Sports program, I understand and agree to the following:

- My participation in the practices and competitions over the course of this program is voluntary.
- I have reviewed and will comply with the additional mitigation measured outlined in the <u>MDHHS</u> <u>Interim Guidance for Athletics.</u>
- I agree to receive a COVID-19 test (rapid test) at the cadence prescribed in the <u>MDHHS Interim</u> <u>Guidance for Athletics.</u>
  - If I test positive, I understand that I cannot return to practice or compete unless I receive a negative molecular (PCR) test within 48 hours of the rapid test results and I continue to have no symptoms.
- If I exhibit any symptoms of COVID-19, I will self-isolate and not attend practice or competition, regardless of any negative test result.
- If I test positive for COVID-19, show symptoms, or am exposed in close contact to someone who
  tests positive, I will cooperate with local and state public health officials in the case investigation
  and contact tracing process.
- Inside and outside of practice and competition, I will follow all state and local health orders that
  apply in my area, including wearing a face mask when around others, limitations on gatherings
  outside my immediate household, including non-team gatherings and social gatherings with my
  team outside of practice or competition.

I understand that failure to follow the above agreements could result in my removal from competition and practices and may result in disqualification of my entire team.

MDHHS may request documentation at any time necessary to enforce this Code of Conduct.

Participant Signature & Date

Parent/Guardian Signature & Date if Participant is a Minor