

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: _____

Address: _____

Phone: _____ Organization: _____

Testing Date: _____

Personal Information

First Name: _____ Last Name: _____ Middle: _____

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

DOB: (mm/dd/yyyy) ____ / ____ / ____ Biological Sex: * Male * Female * Prefer not to answer

Street Address: _____

City/State/Zip: _____

Race: Please check the box next to the one that best describes your race.

- American Indian/Alaskan Native
- Black/African American
- Asian
- White/Caucasian
- Hawaiian/ Pacific Islander
- Other
- Unknown

Hispanic or Latino: Please check the box next to one of the following that best describes your ethnicity.

- 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 ethnicity.

- Arab or Middle Eastern
- Not Arab or Middle Eastern
- Unknown or Decline to specify

Do you have symptoms related to COVID-19? Yes No Unknown

If yes, what is the date the symptoms started? _____

**Have your insurance information ready in case antigen test is negative and saliva PCR test is indicated. For those without insurance, no-cost test state-run test sites are available.*

Consent and Registration Form for 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, or other acceptable test as ordered by an authorized medical provider or a public health official.
2. I understand that my ability to receive testing is limited to the availability of test supplies.
3. I understand that I am not creating a patient relationship with the ordering physician by participating in this testing. I understand the entity performing the test is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results and my medical care. I agree I will seek medical advice, care, and treatment from my medical provider or other health care entity if I have questions or concerns, if I develop symptoms of COVID-19, or if my condition worsens.
4. I understand it is my responsibility to inform my health care provider of a positive test result, and that a copy will not be sent to my health care provider for me.
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.
6. I understand and acknowledge that a positive antigen test result is an indication that I need to self-isolate to avoid infecting others until I obtain a negative PCR test result.
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. I understand that if I do not wish to continue with the COVID-19 diagnostic test, I may decline to test. If I decline to test, I may not participate in athletic practice or competition.
8. I understand that to ensure public health and safety and to control the spread of COVID-19, my test results may be shared without my individual authorization.
9. I understand that my test results will be disclosed to the appropriate public health authorities as required by law.
10. I understand that I may withdraw my consent to participate in testing at any time, and that doing so will forfeit my right to participate in the MI Safer Sports program.

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



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

The Michigan Department of Health and Human Services, in partnership with Michigan's schools, is pleased to provide COVID-19 rapid antigen tests for school sanctioned athletics.

Where it would be unsafe for participants to remain masked, all participants in those winter contact sports must be tested consistent with MDHHS Guidance for Athletics issued February 7, 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 will receive a COVID-19 test (rapid test) in the 24 hours preceding any unmasked practice or competition and must receive negative test results in order to practice or compete.
 - If I test positive, 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