



## Coaching Staff

### 2021-2022 School Year - Winter Athletics

Henrico County Public Schools - Staff Information			
School Name or Work Location:		Sport:	Role:
Last Name:	First Name:	Middle Name:	Birth Date: ____/____/____
Home Address: (Not a PO Box)	Street: _____ City: _____ State: _____ Zip: _____		
Phone Number:	Email:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to answer	
Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Stated		Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**By completing and submitting this form, I confirm that I authorize the collection of specimens necessary to conduct COVID-19 testing on me during school hours or in connection with school attendance/a school activity. I understand that authorizing COVID-19 testing is optional and that I can refuse to give this authorization, in which case, I will not be tested and will not be part of the coaching team unless I provide proof of being fully vaccinated. COVID-19 screening testing will be conducted using a pooled PCR testing method. Screening testing will be conducted by a contracted vendor or school personnel. Any needed confirmatory or "follow-up" testing will be conducted by either a contracted vendor or school personnel. Diagnostic testing (including testing of close contacts), may be conducted using BinaxNOW antigen tests proctored through a brief telehealth visit with a contracted vendor, in addition to utilizing PCR testing.**

Henrico County Public Schools will maintain a copy of this consent form according to existing state and federal records retention laws and will only provide COVID-19 Testing to individuals who have a completed consent form on file. This consent form is only valid for the duration of winter athletics for the 2021-2022 school year



**Consent and Data Sharing (please initial):**

\_\_\_ I authorize the collection of specimens to conduct pooled COVID-19 tests on me as part of a COVID-19 screening testing program. I understand this test will be provided at no cost to me. I understand that aggregate pooled test results for any pool of which I am a member will be reported to designated school personnel, and may be reported to me and to the Virginia Department of Health (without identifying information).

\_\_\_ If I am a member of a pool that returns a positive result, I authorize the collection of specimens to conduct individual follow-up tests on me. I understand this testing will be provided at no cost to me. I understand that my individual test result will be reported to designated school personnel and me, and will be reported to the Virginia Department of Health, in accordance with state law.

\_\_\_ In the event I show symptoms of COVID-19 while at school or am identified as a close contact to a person confirmed to have COVID-19, I authorize the administration of COVID-19 testing on me or agree to administer a school-provided, proctored BinaxNOW test at home. I understand this testing will be provided at no cost to me. I understand that my test result will be available to designated school personnel and me, and will be reported to the Virginia Department of Health, in accordance with state law.

**Authorized Signatory:**

I understand that I can change my mind and cancel this permission at any time. To cancel this permission for COVID-19 testing, I need to contact the athletic director directly. I understand the decision to cancel this permission will result in removal from the winter sports program.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Affiliation with HCPS (e.g. student, staff, etc.)**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**