



Student Athletes 2021-2022 School Year - Winter Athletics

Henrico County Public Schools - Student Information			
School Name:	Sport:	Grade Level:	
Last Name:	First Name:	Middle Name:	Birth Date: ____/____/____
Address: (Not a PO Box)	Street: _____		
	City: _____	State: _____	Zip: _____
Parent phone:	Parent 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 am the appropriate parent / legal guardian to provide consent, and that I authorize the collection of specimens necessary to conduct COVID-19 testing on my student during school hours or in connection with school attendance or a school activity. I understand that I can refuse to give authorization for COVID-19 testing, in which case, my student will not be tested or permitted to participate in winter athletics unless I provide proof of my student 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 students 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 my student as part of a COVID-19 screening testing program. I understand this test will be provided at no cost to my student or me. I understand that aggregate pooled test results for any pool of which my student is a member will be reported to designated school personnel, and may be reported to me and to the Virginia Department of Health (without information that would identify my student).

___ If my student is a member of a pool that returns a positive result, I authorize the collection of specimens to conduct individual follow-up tests on my student. I understand this testing will be provided at no cost to my student or me. I understand that my student’s 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 my student shows symptoms of COVID-19 while at school or is identified as a close contact to a person confirmed to have COVID-19, I authorize the administration of COVID-19 testing on my student or agree to administer a school–provided, proctored BinaxNOW test at home. I understand this testing will be provided at no cost to my student or me. I understand that my student’s 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 of Student Athlete

Printed Name

Date

Signature of Parent/Guardian

Relationship to Student

Printed Name

Date