



## CONSENT AND REGISTRATION FORM FOR RAPID COVID-19 ANTIGEN TEST

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Camp Location: \_\_\_\_\_ Dates of Camp Session: \_\_\_\_\_

### Please carefully read the following informed consent 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, the CDC recommends following up with a PCR test to confirm.
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. Crossways is unable to provide PCR testing, and campers with a positive antigen test will be sent home.
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.
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. Camper name will NOT be disclosed except as required by law.
9. I understand that my test results will be disclosed to the appropriate public health authorities as required by law.
10. I understand that Crossways will contact me if/when a COVID-19 test is administered. I may withdraw my consent to participate in testing at any time.

### AUTHORIZATION/CONSENT TO TEST FOR COVID-19

- I authorize my child to undergo testing for COVID-19 during the camp session.

\_\_\_\_\_  
Patient/Parent/Legal Guardian Signature

\_\_\_\_\_  
Date