



School District of the City of Iron Mountain

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Consent and Registration Form for Rapid COVID-19 Antigen Test FOR THE REMAINDER OF THE 2021-22 SCHOOL YEAR

First Name		Last Name	
DOB		School	

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 5-10 minutes. If the result is positive, it can 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, unless 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 school, including extracurricular activities.**
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 school and extracurricular activities.

Students who are subject to a school-based close contact exposure to Covid are recommended to quarantine from school activities until the local health department recommended quarantine period is completed.

Students will be able to remain in school and school activities **provided a parent/guardian agrees to free periodic rapid Covid test for the student, and the student shows no symptoms of illness.**

- I agree to receive a periodic COVID-19 rapid test in lieu of being quarantined.
- If I exhibit any symptoms of COVID-19, I will notify the school and quarantine as expected.
- If I test positive for COVID-19, I will notify the school and quarantine as expected.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

I understand that failure to follow the above agreements will result in a school-based quarantine according to the Iron Mountain Public Schools Operations Plan for 2021-22 school year. I agree to undergo the COVID-19 antigen testing for the duration of the testing period / (parent) I authorize my child to undergo testing after being notified of a school-based close contact, for the remainder of the 2021-22 school year.

Student Signature		Date	
Parent/Guardian Signature		Date	