



**HCPSS Student Athlete/Club Consent Form
COVID-19 Testing Program**

HCPSS offers free weekly self-collection, saliva-based SARS-CoV-2 PCR tests to students participating in organized school sports or club activities for surveillance testing. The program is voluntary and consent is required.

Test kits are provided by the Howard County Health Department (HCHD) to HCPSS and purchased from AZOVA, distributor of the P23 Labs TaqPath SARS-CoV-2 Assay processed by Infinity BiologiX, LLC laboratories. Testing individuals may self-register in the AZOVA Patient Portal or be registered by HCPSS staff. Tests are processed usually within 48-72 hours. Test results are sent electronically to the HCHD and individual through the Patient Portal, and coordinated with HCPSS Office of School Health Services. Written consent to be tested is required by the individual, or by a parent/guardian of a minor, to obtain the self-collection testing kit and to share results with these monitoring entities.

Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 C.F.R. part 99), the written consent of a parent or eligible student is required before the education records of a student, or personally identifiable information contained therein, may be disclosed to a third party, unless an exception to this general requirement of written consent applies. If students are age 18 years or older, they are considered “eligible students” and must provide written consent for the disclosure of their education records or personally identifiable information contained therein.

I, hereby authorize the COVID-19 testing and agree to allow the Howard County Public School System to disclose the personally identifiable information or education records, including **name, date of birth, school/team affiliation, and contact information**, to AZOVA and Infinity BiologiX, LLC laboratories, for the purpose of sharing PCR test results with the HCHD and HCPSS Office of School Health Services, to provide appropriate COVID-19 management guidance and perform contact tracing of close contacts.

By signing below, consent is given. Please return the completed form to the school nurse, health assistant, coach or athletic trainer to obtain your testing kit.

Printed Name of Individual to be tested

Date of Birth of Individual

School

Printed Name of Parent/Guardian, if minor

Relationship to minor

Signature of Individual, or Parent/Guardian, if minor

Date

Email of Individual, or Parent/Guardian, if minor

Phone Number

This consent remains in effect unless withdrawn by a written revocation signed, dated and received by the school nurse.