



Dear Superior Central Student Athlete and Parent,

On March 24, 2021 we received information from the Michigan High School Athletic Association regarding the Michigan Department of Health and Human Services' March 19, 2021 Epidemic Order.

Per the MDHHS epidemic order, beginning on April 2, schools must complete an antigen test of athletes **one time per week**. The first test must be completed between April 2-8, the second test between April 9-15, 16-22 (and so on). There is no requirement that the antigen tests be completed before specific practices or contests; the order simply requires a weekly test of one time per week and schools have the flexibility to schedule the tests at any time within each week. This applies to all high school and middle school teams with participants between the ages of 13-19. Those 12 and younger may participate and are not required to complete rapid antigen testing.

Two forms must be completed for each student participant in the MDHHS program: the *Consent and Registration Form for Rapid COVID-19 Antigen Test* and the *MI Safer Sports COVID-19 Testing Program: Participant Code of Conduct*. Those two forms are attached.

Student Athletes at Superior Central will be tested weekly during the lunch hour. The BINAX Now COVID-19 Antigen Test will be used to complete the testing. To view how the test is conducted you can watch the video at the link below <https://www.youtube.com/watch?v=sLWPhh4gZTE>. Our 1st testing date will be on Tuesday, April 6th.

Please return all forms to me or Mrs. Bray. Unfortunately, failure to give consent to test means that you cannot participate in athletics at this time.

If you have any questions, please feel free to contact me.

Sincerely,

Bill Valima
Superintendent/K-12 Principal



Consent and Registration Form for Rapid COVID-19 Antigen Test

Testing Facility: Superior Central Schools

Address: E-2865 M-94 Eben Junction, MI. 49825

Phone: (906) 439-5532

Organization: Superior Central Athletics

Testing Period: Spring 2021 Athletics

Personal Information

First Name: _____ Last Name: _____ Middle: _____

Phone Number: () - _____ - _____ Email Address: _____

DOB: (mm/dd/yyyy) ____ / ____ / ____ Biological Sex: Male Female Prefer not to answer

Street Address: _____

City/State/Zip: _____

Race: Please check the box next to the one that best describes your race.

- American Indian/Alaskan Native
- Black/African American
- Asian
- White/Caucasian
- Hawaiian/ Pacific Islander
- Other
- Unknown

Hispanic or Latino: Please check the box next to one of the following that best describes your ethnicity.

- Latino or Hispanic
- Not Latino or Hispanic
- Unknown or Decline to specify

Arab or Middle Eastern: Please check the box next to one of the following that best describes your ethnicity.

- Arab or Middle Eastern
- Not Arab or Middle Eastern
- Unknown or Decline to specify

Do you have symptoms related to COVID-19? Yes No Unknown

If yes, what is the date the symptoms started? _____

Consent and Registration Form for Rapid COVID-19 Antigen Test

First Name: _____ Last Name: _____

DOB: _____

School: _____

Please carefully read the following informed consent:

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 15-30 minutes. If the result is positive, it will need to 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 until 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 athletic practice or competition.
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 the MI Safer Sports program.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

- I agree to undergo the COVID-19 antigen testing for the duration of the testing period/ authorize my child to undergo testing.

Patient/Parent/Legal Guardian Signature

Date



MI Safer Sports COVID-19 Testing Program: Participant Code of Conduct

The Michigan Department of Health and Human Services is pleased to provide COVID-19 rapid antigen tests for all athletics. All participants must be tested consistent with MDHHS Interim Guidance for Athletics issued on March 20, 2021.

As a participant in the MI Safer Sports program, I understand and agree to the following:

- My participation in the practices and competitions over the course of this program is voluntary.
- I have reviewed and will comply with the additional mitigation measured outlined in the MDHHS Interim Guidance for Athletics.
- I agree to receive a COVID-19 test (rapid test) at the cadence prescribed in the MDHHS Interim Guidance for Athletics.
 - If I test positive, I understand that I cannot return to practice or compete unless I receive a negative molecular (PCR) test within 48 hours of the rapid test results and I continue to have no symptoms.
- If I exhibit any symptoms of COVID-19, I will self-isolate and not attend practice or competition, regardless of any negative test result.
- If I test positive for COVID-19, show symptoms, or am exposed in close contact to someone who tests positive, I will cooperate with local and state public health officials in the case investigation and contact tracing process.
- Inside and outside of practice and competition, I will follow all state and local health orders that apply in my area, including wearing a face mask when around others, limitations on gatherings outside my immediate household, including non-team gatherings and social gatherings with my team outside of practice or competition.

I understand that failure to follow the above agreements could result in my removal from competition and practices and may result in disqualification of my entire team.

MDHHS may request documentation at any time necessary to enforce this Code of Conduct.

Participant Signature & Date

Parent/Guardian Signature & Date if Participant is a Minor