

Sy Stone  
Superintendent

Kristal Deming  
Principal

Carri Massey  
Assistant Principal

**CRAB ORCHARD  
COMMUNITY UNIT SCHOOL  
DISTRICT NO. 3**

19189 CORY BAILEY ST. MARION, IL 62959  
Telephone 618-982-2181 Fax 618-982-2080  
[www.cocusd3.org](http://www.cocusd3.org)



**Crab Orchard CUSD #3  
Acknowledgment and Consent to Student Participation in the  
District's POC Antigen Testing Program:**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Parent(s)/Guardian(s) Names:** \_\_\_\_\_

**Parent(s) Guardian(s) phone:**

**Work:** \_\_\_\_\_

**Home:** \_\_\_\_\_

**Other:** \_\_\_\_\_

By signing this document, I am consenting to the above named child's participation in the District's POC antigen testing program. I understand that participation in this program is voluntary. I further understand that I may revoke my consent in participation at any time through a signed and dated written correspondence submitted to the building administrator or District office.

I certify that I have read this document in its entirety and fully understand its contents. I further certify and represent that I have the legal authority to sign on behalf of the above named child.

\_\_\_\_\_  
**Student Signature (if under 18)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**Board of Education**

**Matt Troxel, President**  
Jon Anderson

**Matt Troxel, Vice-President**  
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