

**ACKNOWLEDGMENT AND CONSENT TO
COVID-19 Y2022 SUMMER CAMP TEST PROCEDURES AND DISCLOSURE OF
RESULTS POLICY**

Camper Legal Name (First and Last):

Camper Date of Birth:

Camp Attending:

I hereby provide my consent to [Camp]’s COVID-19 summer camp testing procedures, and to the disclosure of my child’s antigen testing results, as follows:

1. **Authorization to disclose COVID-19 antigen screening results to [Camp].** I understand and agree that my child is being provided with COVID-19 antigen tests to be administered on-site by an authorized camp administrator for the purpose of identifying possible COVID-19 infection while showing symptoms or after a known exposure occurred. I hereby voluntarily authorize and give permission to [Camp] to access, use and disclose individually identifiable health information that relates to my child’s COVID-19 antigen screening including my child’s name, the date of testing, and test results. I also authorize [Camp] to take actions to prevent disease transmission based on this personal health data.
2. **Authorization to disclose COVID-19 antigen test results to government authorities.** I acknowledge and agree that [Camp] may disclose my child’s COVID-19 antigen test results and other necessary information to county, district, or state public health entities as required by law.
3. I understand that my child’s personal health information provided to and accessible by [Camp] will be used and disclosed by [Camp] and only as permitted by applicable law.

By signing below, I acknowledge and agree that

(i) I have received, reviewed, and understand this form in its entirety (and have had ample time to do so);

(ii) I am executing this form knowingly, freely, and voluntarily;

(iii) I will comply with any and all [Camp] policies, procedures, protocols, and/or requirements related to or arising out of any of the matters covered or described in this form, as well as any policies, procedures, protocols, and/or requirements maintained by [Camp] to implement the procedures enumerated herein; and

(iv) to the extent this form conflicts in any way with any applicable law, rule, or regulation, such law, rule, or regulations shall control and govern.

Signature of Guardian/Parent:

Name of Guardian/Parent:

Guardian's/Parent's Telephone Number:

Date:

If you have any questions about this document, please contact:

[CAMP CONTACT]