

4-H'er Name: \_\_\_\_\_ County: \_\_\_\_\_ District: \_\_\_\_\_



**UNIVERSITY OF GEORGIA**  
**EXTENSION**



**COVID-19 Diagnostic Testing Permission**

**Permission to participate in the testing strategy is required for participation in this 4-H activity: \_\_\_\_\_.**

Georgia 4-H is committed to a safe and healthy environment. There are many safety precautions in place to help prevent the spread of COVID-19 ([www.georgia4h.org/camp/COVIDsafety](http://www.georgia4h.org/camp/COVIDsafety)). One of those precautions is the diagnostic testing strategy which is designed with the health and safety of 4-H'ers and their cohorts of fellow 4-H'ers and adult/teen leaders.

**General Outline**

- At the 4-H activity, if an individual exhibits any symptoms of illnesses they will report to the Health Cottage to be seen by the nurse.
- Upon examination, if the symptoms are determined to be COVID symptoms, the nurse will administer an on-site COVID-19 antigen (rapid) test at the Health Cottage.
- While awaiting results, the individual will need to stay isolated but will still be under the supervision of an adult leader.

**As soon as antigen results are available, next steps depend on the outcome as follows:**

- **Positive Result** – individual who tested positive as well as their cohort and/or anyone else who had close contact (as defined by CDC) will isolate while pick-up plans are implemented. Because of confidentiality requirements, the positive individual shall not be named or identified.
- **Negative Result** – the nurse will help determine next steps based on medical expertise. Typically, if an individual with COVID-like symptoms has a negative antigen test result, a follow up PCR test will be recommended and can be administered at a local urgent care facility during their normal operating hours. The symptomatic 4-H'er may still need to go home to recover and/or reduce transmission of any illness upon recommendation of the nurse.

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I am the parent/guardian of \_\_\_\_\_ and give permission for the administration of COVID-19 test(s) if determined the best course of action by the on-site medical professional. I also understand that I will receive a courtesy call about test administration, but that my consent here allows Georgia 4-H to proceed as described above. I further understand that I am ultimately responsible for providing transportation home for my 4-H'er in the event of a positive COVID-19 test or exposure. I acknowledge that I have read, understand, and have signed the Georgia 4-H Medical Information & Release Form and understand that the Parent/Guardian Agreement I have signed applies to this Covid-19 Diagnostic Testing Permission Form and is incorporated as if fully set forth herein.

\_\_\_\_\_  
Parent Guardian Printed Name

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date