

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). 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.

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