

CONSENT FORM FOR COVID-19 TESTING AND SYMPTOM SCREENING AT CAMP

By completing and submitting this form, I confirm I am the appropriate parent, guardian, or legally authorized individual to provide consent for my child.

1. COVID Symptom Screening

The American Youth Foundation will require a daily self-screening protocol for all campers and staff during camp. This process will include temperature checks and a questionnaire covering symptoms and noting suspected or confirmed exposure to people with possible COVID- 19

Upon arrival at camp, cabin leaders will conduct a daily symptom screening with your child. Answers will be reviewed by our camp health staff only to certify compliance with this policy and to monitor any COVID-related symptoms in our community.

2. COVID-19 Testing

For detailed information about AYF COVID-19 Testing view our COVID-19 Protocols & Procedures at ayf.com.

I authorize the American Youth Foundation to use a PCR test to test my child for COVID-19 upon arrival at camp and on day 5 of camp. I authorize the collection and testing of any additional necessary individual diagnostic tests on my child, including rapid antigen tests and PCR/molecular tests. I understand all sample types will be noninvasive nasal swabs conducted by licensed and trained AYF health staff.

I understand and agree that my child's personal health information and personally identifiable information (PII) from camp records may be entered into the testing provider's technology platform to assist with tracking testing and identifying individuals in need of follow-up testing.

I understand I will be notified about a positive result of any diagnostic test for COVID-19 performed on my child. I understand there is the potential for a false positive or false negative COVID-19 test result for individual and pooled tests. Given the potential for a false negative, I understand my child should continue to follow all COVID-19 safety guidance, including mask-wearing and social distancing, and follow AYF protocols for isolating and testing in the event my child develops symptoms of COVID-19.

I understand staff administering pooled testing, follow-up testing, and antigen testing have received training on safe and proper test administration. I agree that neither the test administrator nor the American Youth Foundation, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the COVID-19 testing program.

I understand that my child must be picked up as soon as possible if they test positive for COVID-19. I acknowledge that a positive individual test result is an indication that my child must isolate and continue wearing a mask as directed to avoid infecting others.

I understand that participation in testing may require the AYF to disclose my child's identity, demographic, and contact information from camp registration records to the testing providers at CIC-Health and their partner labs. I authorize the AYF to disclose such personally identifiable information (PII) required for my child to participate in any testing as outlined in AYF's Communicable Disease Plan.

I, the undersigned, have been informed about the test purpose and procedures. I acknowledge that I can ask questions before I sign, and I can ask additional questions at any time.

I acknowledge and agree on behalf of myself and my child that we

- 1) Acknowledge, understand, and agree on behalf of myself and my child that we have read and shall abide by AYF's Symptom Screening obligations, procedures, and protocols as listed above.
- 2) Recognize these conditions and AYF protocols are subject to change based on CDC and state guidelines revisions and we will be notified of any changes by AYF.
- 3) Commit to reading and acknowledging any new protocols as communicated by AYF prior to camp.
- 4) Voluntarily agree to participate in the COVID-19 testing protocols for my child.

Signature of Parent/ Guardian:

Date: