

**UNIVERSITY OF NEW HAMPSHIRE YOUTH PROGRAMS
ACKNOWLEDGMENT AND CONSENT TO
COVID-19 TEST PROCEDURES AND DISCLOSURE OF RESULTS POLICY 2022**

Student Full Name: _____

Camp/Program Attending: _____

Student Date of Birth: _____

I hereby provide my consent to the University of New Hampshire (UNH) Youth Program COVID-19 testing procedures, and to the disclosure of my child's rapid/antigen testing results, as follows:

1. **Authorization to disclose COVID-19 rapid/antigen screening results to UNH.** I understand and agree that my child may be provided with COVID-19 rapid/antigen tests to be administered on-site by myself or an authorized camp administrator for the purpose of identifying possible COVID-19 infection upon arrival at the program, or while showing symptoms or after a known exposure. I hereby voluntarily authorize and give permission to UNH 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 UNH to take actions to prevent disease transmission based on this personal health data.

2. **Authorization to disclose COVID-19 rapid/antigen test results to government authorities.** I acknowledge and agree that UNH 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 UNH will be used and disclosed by UNH and only as permitted by applicable law.

By signing below, I acknowledge and agree that:

- I have received, reviewed, and understand this form in its entirety;
- I am executing this form knowingly, freely, and voluntarily;
- I will comply with any and all UNH 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 UNH to implement the procedures enumerated herein; and
- 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 Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Telephone Number: _____

Date: _____

If you have any questions about this form, contact: cathy.leach@unh.edu