Antigen Testing Consent

To maintain a safe and healthy environment at Camp KEEP, all participants will monitor their health daily. Monitoring will include a daily temperature check and responding to survey questions pertaining to COVID related symptoms. If any participants experience symptoms associated with COVID-19 while at KEEP, the results of a self-administered antigen test will determine if they need to quarantine at home to eliminate potential exposures for other participants. Antigen tests may also be used if your child has been exposed to a positive case of COVID-19.

Please review the statements below and indicate your preferences by checking the appropriate box/boxes.

___ I have attached proof of vaccination for my child.
   • If your child has been exposed to COVID, but shows no symptoms, and has proof of vaccination, there will be no need to test or quarantine.

___ I give permission for my child to self-administer a COVID antigen test.
   • If my child displays COVID symptoms, (whether vaccinated or unvaccinated) or has been in close contact with a case of COVID-19.
   • A negative test will allow the student to return to regular KEEP activities.
   • A positive result will require the student to quarantine at home.

___ I DO NOT give permission for my child to self-administer a COVID antigen test.
   • If your child displays symptoms, and does not have permission to test, they will return home to quarantine.
   • If your child has been identified as a close contact to a positive case, and does not have permission to test, they will return home to quarantine.

Student’s Name: _____________________________________________

Parent Signature: _____________________________________________

Contact Number: _____________________________________________

Date: _____________________________________________

KEEP Staff Notes: