

## CONSENT FOR TESTING (Parental Consent):

### UNIVERSITY OF WISCONSIN –Green Bay COVID-19 & Influenza TESTING CONSENT FORM

Coronavirus disease (COVID-19) is an infectious disease caused by a novel (newly discovered) coronavirus. COVID-19 cases have now been reported in all 50 states with many areas having wide-spread community transmission. It is likely that the novel coronavirus is circulating in most communities even if cases have not yet been reported.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer) are more likely to develop serious illness.

Influenza viruses are causative agents of highly contagious, acute, viral infections of the respiratory tract. Influenza viruses are immunologically diverse, single-stranded RNA viruses. There are three types of influenza viruses: A, B, and C. Type A viruses are the most prevalent and are associated with most serious epidemics. Type B viruses produce a disease that is generally milder than that caused by type A. Type C viruses have never been associated with a large epidemic of human disease. Both Type A and B viruses can circulate simultaneously, but usually one type is dominant during a given season. Every year in the United States, on average 5%-20% of the population contract influenza; more than 200,000 people are hospitalized from influenza complications; and, about 36,000 people die from influenza-related causes. Some people, such as adults 65 years of age and older, young children, and people with certain health conditions, are at high risk for serious influenza complications.

People with COVID-19 or influenza have had a wide range of symptoms reported, ranging from mild symptoms to severe illness, including hospitalization and death. Symptoms may appear 2-14 days after exposure to the virus. Signs and symptoms of COVID-19 include, but are not limited to:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

**Some COVID-19 infected individuals, regardless of age and health status, develop persistent symptoms (e.g., brain fog) lasting for weeks to months. Much remains unknown about “long hauler syndrome,” but it is another indication of the seriousness of the infection for all people.**

Given the close contact that can occur within the University campus community, testing is being conducted to try to detect any COVID-19 cases as quickly as possible. Recent examples of COVID-19 outbreaks on University campuses around the country have indicated that the virus can be spread very quickly, and carriers may not report having typical symptoms, such as fever or respiratory symptoms.

Some carriers may not report any symptoms at all. Unrecognized asymptomatic and pre-symptomatic infections contribute to the spread of the virus in a University community.

Please review the statements below and sign this informed consent form to indicate that you voluntarily agree to be tested for COVID-19, and understand the statements below.

---

## INFORMED CONSENT FOR CORONAVIRUS (COVID-19 & Influenza) TESTING

### Parent Covid Acknowledgement

- I will not allow my child to participate in the activity if, in the 14 days prior to the program start date, they:
  - i. have experienced any symptoms of illness that could be associated with COVID-19, including, but not limited to, fever, cough, or shortness of breath;
  - ii. have been in close and/or direct contact with anyone who has been diagnosed with COVID-19, including, but not limited to, a family member, close friend, or relative;
  - iii. have been in close and/or direct contact with anyone who is awaiting results of a COVID-19 test, including, but not limited to, a family member, close friend, or relative;
  - iv. have been in close or direct contact with anyone who is experiencing symptoms of illness associated with COVID-19, including, but not limited to, fever, cough, or shortness of breath
  - v. have engaged in travel which has given rise to concerns regarding COVID-19 exposure
- I agree to have my child(ren) comply with all COVID-19 isolation and quarantine protocols issued by the [Centers for Disease Control](#), [Wisconsin State Camp Licensing Board\(DATCP\)](#) or [Wisconsin Department of Health](#).
- I agree to have my child(ren) to comply with all Covid-19 protocols set forth by [University of Wisconsin-System](#) including but not limited to **testing and modified programming**

### Consent to Testing:

- I have received information about COVID-19 regarding testing and authorize testing for my child or ward through a nasal (anterior nasal swab) specimen to be obtained in accordance with the manufacturer's instruction and guidance from public health authorities.
- I authorize any test results to be disclosed to the county and state public health departments or to any other governmental entity as may be required by law.
- I authorize the test results to be disclosed to limited University officials on a need to know basis. I understand that the University will take reasonable measures to ensure the confidential and private nature of the testing and health monitoring information it may obtain. However, I also understand test results may be shared with University officials with a legitimate need to know this information to ensure that appropriate safety measures may be completed and to assist with public health prevention measures on campus, such as contact tracing and isolation (e.g., Environmental Services, Health and Safety; University Housing).
- I understand that, as with any medical test, there is the potential for false positive or negative test results to occur.

- I, the undersigned, have been informed about the test purpose, procedure, benefits, and risks and I have received a copy of this informed consent. I understand that any positive test will be communicated through the myPrevea app.

I voluntarily agree to have my child or ward \_\_\_\_\_ dob \_\_\_\_\_  
tested for COVID-19.

\_\_\_\_\_  
Name of Parent / Guardian (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Resources:

- Wisconsin Department of Health Covid Information  
<https://www.dhs.wisconsin.gov/covid-19/help.html>
- Department of Agriculture Trade and Consumer Protection Camp Guidance:  
[https://datcp.wi.gov/Pages/Programs\\_Services/RecEdCamp.aspx](https://datcp.wi.gov/Pages/Programs_Services/RecEdCamp.aspx)
- Centers for Disease Control Camp and Childcare Guidance  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/summer-camps.html>
- Centers for Disease Control Camp Planning Tool  
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/camp-planning-tool.pdf>
- American Camp Association Camp Planning Tool  
<https://acacamps.app.box.com/s/7gkh9buu3ntssx2v38gajg4z94631lag>