



STOCKBRIDGE VALLEY

CENTRAL SCHOOL DISTRICT

"WE EMPOWER STUDENTS THROUGH EDUCATION"

PARTICIPATING IN INTERSCHOLASTIC ATHLETICS

I, _____, parent or legal guardian of _____, born the _____ day of _____ 20_____ do hereby consent to COVID-19 screening testing conducted by the Stockbridge Valley school nurse and processed by Quadrant Laboratories of the above named child.

This authorization is effective from the 10th day of September, 2021 until the end of the final week of the winter athletic season (which could vary depending on post-season obligations).

Signature of Parent or Legal Guardian

Date

Witness Signature

Witness Name (Please Print)