

Hudson City School District

215 Harry Howard Avenue
Hudson, New York 12534-1606

▶ Home of the Bluehawks ◀
District Office

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Hudson City School & Columbia County Testing Parental Consent

STUDENT NAME: _____ GRADE: _____

HIGH RISK SPORT(S): _____

I am the parent/legal guardian of the above named student who attends Hudson CSD and have legal authority to make medical and educational decisions for him/her.

- I understand and acknowledge that participation in the above sport(s) may expose student-athletes to COVID-19.
- The District Plan for resumption of “high-risk” sports, has mandated that student-athletes and coaches participating in high-risk sports be rapid tested for COVID-19 one (1) time per week per Columbia County DOH guidelines during the sports season. The following high risk sports include (1) traditional cheerleading, (2) boys/girls basketball, (3) football, and (4) boys/girls volleyball.

Accordingly, I hereby knowingly and voluntarily consent to participation in the above high-risk sports and COVID-19 testing of my above named child on a weekly basis pursuant to and in accordance with Greene County DOH guidelines for resumption of high-risk sports, for such period of time such testing is required.

I understand that I have the right not to sign this consent. I also understand that I may revoke my consent in writing at any time provided that such revocation shall not impact actions previously taken in reliance of my consent. I further understand that if I revoke this consent or refuse to provide consent to such weekly COVID-19 testing, my child will not be permitted to participate in any District-sponsored high-risk sport(s) during the period of time such testing is required.

Parent/Legal Guardian SIGNATURE

Parent/Legal Guardian PRINT NAME

DATE