

COVID-19

COVID-19 Rapid Antigen Test

Participation Request

December 2021

Manitoba 

Request to Participate in the Voluntary Take Home Rapid Antigen Test Program

I, _____ would like my child, _____

who attends _____ school, to receive a take-home rapid antigen test kit for the purpose of testing my child in the Voluntary Take Home Rapid Antigen Test Program in January 2022.

By signing this form, I agree to administer the rapid antigen test in accordance to the instructions and will only administer the rapid antigen test on my child who is eligible to participate in the Kindergarten to Grade 6 Voluntary Rapid Antigen Test Program.

Personal information on this form is being collected by Sunrise School Division under the authority of s. 36(1)(b) of The Freedom of Information and Protection of Privacy Act (FIPPA) as the information relates to and is necessary for the delivery and administration of the Voluntary Take Home Rapid Antigen Test Program. The personal information is protected by the protection of privacy provisions under Part 3 of FIPPA. If you have any questions about the collection, contact ctymko@sunrisesd.ca

Signature

Date