

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

Parent/Guardian Information

You will be notified with test results either via cell phone or email, or both.

Parent/Guardian Print Name:	
Parent/Guardian Cell/Mobile #: Note: results will be texted to this cell #	
Parent/Guardian Email Address:	

Child/Student Information

Child/Student Print Name:					
Street Address:		City:		State:	
Zip Code:		County:			
School:			Grade Level:		
Date of Birth: (MM/DD/YYYY)			Age:		
Race/Ethnicity (circle one):	Asian Black	Hispanic White	Native American/ Indigenous Unknown	Gender (Circle one):	Male Female Other/Unknown

CONSENT

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my child or me (if student age 18 or older), must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens.
- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19. I understand this allows the school to test through the end of the school year (May 2022).

Signature of Parent/ Guardian:		Date:	
Signature of Student: (if age 18 or over or otherwise authorized to consent)		Date:	