

## COVID-19 Testing Parental Consent Form

By selecting "yes" below, I attest that:

- *I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named in this form.*
- *I consent to my child being tested for COVID-19 infection.*
- *I understand that my child may be tested at multiple times during the 2020-21 school year.*
- *I understand that this consent form will be valid through June 30, 2021, unless I revoke such consent in writing.*
- *I understand that my child's test results, and other information may be disclosed as permitted by law.*
- *I understand that should my child test positive for COVID-19, they will not be permitted to return to school until they meet the Health Department's criteria for returning to school.*
- *I understand that should my child test positive for COVID-19, I must contact my child's physician immediately to review the test results.*
- *I understand that I have the right to be present when my child is tested and will reach out to the school district to make an appointment to be present if my child is selected for testing.*

Student Name

Student Grade Level

Student Building or Program

☐

I consent to having my child tested by **DISTRICT**.

☐

I do not consent to having my child tested by DISTRICT.

Parent/ Guardian Name

  

Parent/Guardian Email

Parent/Guardian Phone

Signature

Date