



CONSENT TO COVID-19 TEST

Please carefully read the following and sign where indicated to provide written acknowledgment and informed consent to allow COVID-19 testing for your child:

- a. I authorize a COVID-19 testing administrator associated with my student's school, local health department or state health department to conduct collection and testing for COVID-19 through a saliva sample, nasal or nasopharyngeal swab collection as ordered by an authorized medical provider or public health official.
- b. I understand that this is a continuing authorization and is valid for the entire 2021-22 academic year. I also understand that I may withdraw this authorization and consent at any time by providing written notice of such withdrawal to my student's school.
- c. I authorize the test results of my child if my child is under the age of 18 years, to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- d. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test results.
- e. I give permission for the local Health Department of the county in which my student's school is located and for my student's school to contact me using non-secure methods (e-mail) regarding this COVID-19 test result, and I understand the risks involved with such non-secured communication.

Name of Student

Age

Printed Name of Parent or Legal Guardian (if student is under age 18)

Signature of Parent (if client is under age 18)

Date