



COVID-19 Testing Consent Form/Rapid BinaxNow Test

To be completed by student's parent or guardian (Please Print)

Parent/Guardian:			
Parent/Guardian Phone #:			
Parent/Guardian email address:			
Student name:			
Complete home address:			
Date of birth: (MM/DD/YYYY)		Grade level:	

Consent

By completing this form and returning it to my school, I confirm that I am the parent or guardian of the student listed above, and that I consent to allow testing of my student for COVID-19 by shallow nose swab during the 2021-2022 school year. COVID-19 testing may be offered to students in two circumstances: (1) if my student develops new symptoms of COVID-19 while at school; (2) if my student is exposed to COVID-19 in a school group and the local public health department recommends testing. I understand that I may consent to one or both types of testing.

I understand that COVID-19 testing for the student is optional and that I may refuse to give consent, in which case, my student will not be tested. I understand that my student must stay home from school if feeling unwell.

I understand that the school is not acting as my student's healthcare provider, this testing does not replace treatment by my student's healthcare provider, and I assume complete and full responsibility to take appropriate action regarding the student's test results. I understand that it remains my responsibility to seek medical advice, care and treatment for my student from their healthcare provider.

I understand that there is a possibility of false negative COVID-19 even if the test result is negative. I also understand that if my student tests positive for COVID-19, the test result will be reported to the local public health authority as required by law.

Personal health information will not be released without written consent except when required by law.

- I give permission for school staff to test this student for COVID-19 if new symptoms develop at school.
- I give permission for school staff to test my student if they are exposed to COVID-19 within their school cohort and testing is recommended by the local public health authority. **(Test to Stay Program)**
- My student is not to participate in any COVID-19 testing.

Signature of Parent/Guardian

Date