

COVID-19 testing consent form

To be completed by student parent or guardian			
Parent/Guardian Information			
<i>You will be notified with test results in writing at the time of testing.</i>			
Parent/Guardian Print name:			
Parent/Guardian Mobile number:			
Parent/Guardian Email address:			
Student information			
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
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(s) listed above, and that I consent to allow testing of my student(s) for COVID-19 by shallow nose swab during the 2020-2021 school year. COVID-19 testing may be offered to students in two circumstances: (1) if my student(s) develop(s) new symptoms of COVID-19 while at school; (2) if my student(s) 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(s) is optional and that I may refuse to give consent, in which case, my student(s) will not be tested. I understand that my student(s) 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(s) from their healthcare provider.

I understand that there is a possibility of false negative COVID-19 test results and that my student(s) could still be infected with COVID-19 even if the test result is negative. I also understand that if my student(s) 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(s) for COVID-19 if new symptoms develop at school.
- ☐ I give permission for school staff to test my student(s) if they are exposed to COVID-19 within their school cohort and testing is recommended by the local public health authority.

Signature of Parent/Guardian

Date

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhsoha.state.or.us. We accept all relay calls or you can dial 711.