



NOBLE PUBLIC SCHOOLS

RELEASE OF INFORMATION AND INFORMED CONSENT TO COVID-19 TESTING

Student/Staff Name: _____ DOB: _____

School Site _____ Grade: _____

Parent/ Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email Address: _____

Consent is good for the School Year: _____ and may be revoked at any time.

Please read and sign the following informed consent:

1. I accept responsibility for participating in school-based screenings for COVID19 and for reporting all symptoms of illnesses to my parents, teacher, school nurse, coach, or a designated school staff of any signs and symptoms of COVID-19 and also any close contact or exposure to COVID-19 to the best of my ability.
2. By law the results of rapid testing will be reported to the Oklahoma State Department of Health.
3. 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.
4. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
5. I have read and understand the above information on COVID-19. Furthermore, I give permission of participation for myself or that of my student.

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

This form must be signed prior to specimen collection