

# Chase County USD #284

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**Board of Education:**  
Mike Boyts, Brian Flinger,  
Warren Harshman, Loni Heinen,  
Catherine Jones, Jennifer Laird,  
Mike Spinden

## ADULT CONSENT FORM

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please carefully read the following informed consent:

- a. I authorize USD 284 Chase County Schools to conduct collection and testing for COVID-19 through a nasal swab.
- b. I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- c. I acknowledge that a positive result is an indication that I must leave school immediately or will be unable to enter the building.
- d. I understand that the testing done by USD 284 Chase County Schools is not acting as my medical provider. Testing does not replace treatment by my medical provider. I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
- e. I understand that, with any medical test, there is potential for false positive or false negative results.
- f. I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree to be tested for COVID-19.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

