



**WATERTOWN UNIFIED  
SCHOOL DISTRICT COVID-19  
SCHOOL-BASED TESTING  
CONSENT**

Instruction: To conduct COVID-19 testing, consent from the individual or parent/guardian (for minors) is required. The attached template consent form will help you inform the individual and/or their guardian about the test and testing process.

Your school district/school's legal counsel should review and, if necessary, customize the template before distributing to parents/guardians.

When customizing the consent form, the following fields are recommended:

- Purpose of testing/testing information
- Consent to test
- Student privacy statement
- Authorization to release data
- Validity period of consent form

In addition, the following data fields are required or strongly recommended for federal and state public health reporting of infectious diseases, including COVID-19. This information helps public health authorities more effectively monitor and contain the spread of the virus.

- Last name (required)
- First name (required)
- City (required)
- Address (recommended)
- Phone number (recommended)
- Date of birth (recommended)
- Sex (recommended)
- Gender (recommended)
- Ethnicity (recommended)
- Race (recommended)

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## Consent and Administration Record – WATERTOWN UNIFIED SCHOOL DISTRICT COVID-19 SCHOOL-BASED TESTING CONSENT

**Watertown Unified School District** is using this form to receive your consent to test your child for COVID-19 and to share collected data with relevant authorities.

### What is the test?

With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.

### How will I find out about the results of the test?

If your child has a specimen collected for testing at school, you will be notified of the test result or informed of how the test result will be received (for example: by phone, text, or email).

### What should I do when I receive my child's test results?

If the test is positive, this means that the virus was detected in your child's specimen. You will hear from your child's school or a trained professional about this test. You will be asked to pick up your child and you will be provided information about keeping your child home, following up with your health care provider, and when your child can return to school.

If your child's test results are negative, this means that the virus was not detected in your child's specimen at this time. You will be asked to follow the instructions provided by your child's school following this test result.

### CONTACT INFORMATION – Completed by parent/guardian or student (if 18 years of age or older) – Please Print

<b>Student Last Name:</b>		<b>Student First Name:</b>		<b>MI:</b>
<b>Street Address:</b>			<b>City:</b>	<b>State:</b> WI
<b>Zip:</b>	<b>Date of Birth (MM/DD/YYYY):</b>	<b>Age:</b>	<b>Student ID Number:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Transgender – Male to Female <input type="checkbox"/> Transgender – Female to Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender – Unspecified or Gender Non-Specific <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other				
<b>Race:</b> (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other _____ <input type="checkbox"/> Multi-race				<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to Answer
<b>Parent / Legal Guardian Last Name:</b>		<b>Parent / Legal Guardian First Name:</b>		<b>Phone Number:</b>

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent that the school may notify my child of the test results.

- I consent for my child to be tested by school staff, contracted healthcare personnel, Local and Tribal Health Department staff, and/or other trained personnel as directed by the school. I understand that if my child is between the ages of 14-17, they will be asked to provide verbal consent to be tested.
- I understand that I have the right to inspect or copy the health information I have authorized to be used or collected by this authorization form. I may arrange to inspect the health information or obtain copies of the health information by contacting the health information department or school.
- I understand that I am under no obligation to sign this form and that the person(s) and/or organization(s) listed above whom I am authorizing to use and/or disclose information may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization.
- I understand that this consent form will be valid through June 30, 2022, unless I notify the designated contact person from my child's school in writing that I revoke my consent. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to collect information. I recognize that health records, once received by the school district, may not be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Law (Section 118.125(2m)(a)(b) and 146.81-146.84, Wis. Stats.). I also understand that if I refuse to sign, such refusal will not interfere with my ability to obtain health care.
- I understand that test results may be shared with the school, the ordering physician, county, and other local, state, and federal public health authorities, as well as other testing partners as permitted by law.
- I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.

Visit the CDC's Coronavirus webpage for more information on the disease and keeping you and your family safe:  
[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus).

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**SIGNATURE** – Parent/guardian or student (if 18 years of age or older)

Date Signed

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**CURRENT EMAIL ADDRESS**

(Parent/guardian or student (if 18 years of age or older))

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