Testing Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender (circle) Male Female DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate phone (\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Example: fever, cough, sore throat, shortness of breath, difficulty breathing, nausea, diarrhea, loss of sense of smell or taste, muscle aches, general sense of being unwell)

Does student have symptoms of COVID-19?

(circle) YES NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent for Testing

 By my signature below, as the person to be tested or as the parent/legal guardian of the person to be tested, I freely give consent for COVID-19 testing provided by the staff of the Dyer County Schools, which is not my healthcare provider. I understand that I will be contacted by the school staff prior to testing to give my verbal consent and that I will receive the results by phone. I acknowledge receipt of Tennessee Department of Health’s Notice of Privacy Practices.

 I further acknowledge that this consent does not establish a patient-provider relationship between the Dyer County Schools and myself (or the person being tested if parent/guardian is signing) and that services are being provided for the limited purpose of COVID-19 testing. Should follow-up medical care be required, it is my responsibility to seek it through a primary care physician or health clinic.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian

The undersigned parent/guardian for himself/herself and the minor child hereby releases and discharges the Dyer County School System, its agents, employees and officers, including but not limited to the individual member of the Board of Education, the Superintendent and her staff, and all principals, teachers and teacher’s aides from all claims, demands, and actions which the undersigned now has, or may have in the future against the released parties for any and all injuries, known or unknown, and of any type, caused by or arising out of the performance of testing described above. The undersigned agrees to identify, defend and hold harmless the released parties from any claim arising from or related to the claims herein released, if said claims are hereafter asserted or attempted to be asserted.

I hereby give permission for personnel designated by the principal or school nurse to COVID-19 test my student according to the directions stated. I understand that written consent is required in advance and that additional verbal consent will be necessary prior to administration of a COVID-19 test. I the undersigned have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian