

**TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT**

**Parent/Guardian Information**

*You will be notified with test results either via cell phone or email, or both.*

<b>Parent/Guardian Print Name:</b>				
<b>Parent/Guardian Cell/Mobile #:</b> <i>Note: results will be texted to this cell #</i>				
<b>Parent/Guardian Email Address:</b>				
<b>Child/Student Information</b>				
<b>Child/Student Print Name:</b>				
<b>School ID #:</b>				
<b>Driver's License #:</b> <i>(if applicable)</i>				
<b>Street Address:</b>		<b>City:</b>		<b>State:</b>
<b>Zip Code:</b>		<b>County:</b>		
<b>School:</b>			<b>Grade Level:</b>	
<b>Date of Birth:</b> <i>(MM/DD/YYYY)</i>			<b>Age:</b>	
<b>Race/Ethnicity:</b>	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American/Indigenous	<b>Gender:</b>
	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown

**CONSENT**

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my child or me (if student age 18 or older), must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. 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.
- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

<b>Signature of Parent/ Guardian:</b>		<b>Date:</b>	
<b>Signature of Student:</b> <i>(if age 18 or over or otherwise authorized to consent)</i>		<b>Date:</b>	