

AUTHORIZATION AND CONSENT FOR COVID-19 TESTING

Student Name _____ DOB __/__/__
Last First Middle Initial

Please carefully read the following authorization and initial each for consent.

I, the undersigned parent/guardian of the above named student, authorize GJCS personnel and/or affiliated tester acting on their behalf to conduct testing for COVID-19 using appropriate equipment, materials, supplies, and protocols.

___ I authorize my child's COVID-19 test results to be disclosed to the school where my child will be entering and/or participating in activities and to any pertinent local, county, state, or other governmental entity as may be required by law, and I understand that such disclosure of my child's test results will also be made consistent with applicable law.

___ I acknowledge that a positive test result will not allow my child to enter the school or participate in that school's activities. A positive test result will also require my child to abide by the school's COVID-19 policies and all applicable federal, state, county, and/or local guidance on COVID-19 to promote the safety and welfare of others.

___ I understand that by signing this consent and authorizing COVID-19 testing of my child that my child is not and will not become a patient or receive any medical care from the school or any affiliated tester acting on the school's behalf. I further understand that the school or any affiliated tester acting on the school's behalf is not offering to act or acting as a medical provider for my child. Testing does not replace or serve as a substitute for necessary treatment by a medical provider.

___ I assume complete and full responsibility for any medical care to be provided to my child and will take appropriate action with regard to my child's test results. I agree appropriate medical advice for my child's care and treatment from my medical provider will be sought if I or my child have questions or concerns, or if any medical condition exists.

___ I understand that, as with any test, there is the potential for false positive or false negative test results to occur and retesting may be necessary.

ACCEPTANCE

I, the undersigned parent of the above student, have been informed about the test purpose, procedures, possible benefits, and risks, and I have retained a copy of this authorization and consent for my records. I have been given the opportunity to ask questions before I sign, and I understand I can revoke this authorization at any time. This authorization and consent is written in a manner that can be clearly understood and I knowingly and voluntarily agree for my child to be tested for COVID-19 per the school's policy.

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Signature _____ Date _____

Relationship to Student: _____

Phone: _____

Email: _____