

# Student Consent Form

Student consent form for optional COVID-19 pooled testing

TO BE COMPLETED BY PARENT / GUARDIAN			
<b>Parent/Guardian Information</b>			
<i>You will only be notified of your student's test results if they are part of a testing pool/cohort that tests positive for SARS-CoV-2, the virus that causes COVID-19. In the event of a positive result, you will be notified via phone or email.</i>			
Parent/Guardian Name:			
Parent/Guardian Cell/Mobile #:			
Parent/Guardian Email Address:			
Child/Student Information			
Child/Student Name*:			
Grade Level:		Classroom (if applicable):	
Date of Birth: (MM/DD/YYYY)		Age:	
Has the student listed above been diagnosed with COVID-19 in the past 90 days?	<input type="radio"/> <b>Yes</b> , my student has tested positive for COVID-19 in the past 90 days (note: individuals who have tested positive for COVID-19 in the past 90 days should not participate in pooled testing). <input type="radio"/> <b>No</b> , my student has <b>not</b> tested positive for COVID-19 in the past 90 days.		

**By completing and submitting this form, I confirm that I am the parent, guardian, or legally authorized individual to provide consent and:**

- A. I authorize my student\* to participate in the pooled COVID-19 testing program to include weekly collection of specimens during school hours by school personnel and subsequent analysis by Atlas Genomics.
- B. I understand that I will not receive an individual result for my student from the pooled testing and that such individual results from pooled testing cannot be provided to me. My student's personal health information and personally identifiable information from education records will not be provided to Atlas Genomics in connection with it performing COVID-19 pooled testing.

By completing and submitting this form, I confirm that I am the parent, guardian, or legally authorized individual to provide consent and:

- C.** I understand that false positive or false negative COVID-19 test result may occur in pooled or individual tests. Due to the potential for a false negative result, I understand that my student should continue to follow all COVID-19 safety guidance, including mask-wearing and social distancing, and follow school protocols for isolating and testing in the event my student develops symptoms of COVID-19.
- D.** I understand that the personnel administering pooled and follow-up testing have received appropriate training on how to properly administer the test using all applicable safety guidelines. I agree that neither the test administrator nor Highline Public Schools, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from my student's participation in the pooled testing program.
- E.** I understand that my student **must** stay home if feeling unwell. I acknowledge that a positive individual follow-up test result requires that my student stay home from school, self-isolate, and continue wearing a mask or face covering as directed by school or public health officials.
- F.** I understand the school system is not acting as my student's medical provider or providing any medical advice and that this testing does not replace treatment by my student's medical provider. I assume complete and full responsibility to take appropriate action with regards to my student's test results and I agree I will seek medical advice, care and treatment from my student's medical provider if I have questions or concerns or if their condition worsens. I understand I am financially responsible for any care my student receives from their healthcare provider.
- G.** I understand that authorizing COVID-19 testing for my student is optional and that I may refuse to give this authorization, in which case, my student will not be tested.
- H.** I understand that I may cancel this authorization at any time, but that such cancellation applies to future testing only, and will not affect information I already authorized to be released. To cancel this authorization for COVID-19 testing, I must contact my student's school.

**\*For the purposes of this consent, all references to "Student" also include Self / Test-taker for non-Student (Staff, Household, Other) testing**

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

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

\_\_\_\_\_  
Date