



To be completed by student parent or guardian			
Parent/Guardian Information			
<i>You will be notified with test results in writing at the time of testing.</i>			
Parent/Guardian Print name:			
Parent/Guardian Mobile number:			
Parent/Guardian Email address:			
Student information			
Student name:		Student ID:	
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:		Student ID:	
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:		Student ID:	
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	

District Goal: WE empower all students to achieve post-high school success.

The Beaverton School District recognizes the diversity and worth of all individuals and groups. It is the policy of the Beaverton School District that there will be no discrimination or harassment of individuals or groups based on race, color, religion, gender, sexual orientation, gender identity, gender expression, national origin, marital status, age, veterans' status, genetic information or disability in any educational programs, activities or employment.

Consent/Waiver of Liability and Hold Harmless

By completing this form and returning it to my school, I confirm that I am the parent or guardian of the student(s) listed above, and that I consent to allow testing of my student(s) for COVID-19 by shallow nose swab during the 2020-2021 school year. COVID-19 testing may be offered to students in two circumstances: (1) if my student(s) develop(s) new symptoms of COVID-19 while at school; (2) if my student(s) is exposed to COVID-19 in a school group and the local public health department recommends testing. I understand that I may consent to one or both types of testing.

I understand that COVID-19 testing for the student(s) is optional and that I may refuse to give consent, in which case, my student(s) will not be tested. I understand that my student(s) must stay home from school if feeling unwell.

I understand that the school is not acting as my student's healthcare provider, this testing does not replace treatment by my student's healthcare provider, and I assume complete and full responsibility to take appropriate action regarding the student's test results. I understand that it remains my responsibility to seek medical advice, care and treatment for my student(s) from their healthcare provider.

I understand that there is a possibility of false negative COVID-19 test results and that my student(s) could still be infected with COVID-19 even if the test result is negative. I also understand that if my student(s) tests positive for COVID-19, the test result will be reported to the local public health authority as required by law.

I understand that the COVID-19 testing will be self-administered by my student and I voluntarily agree to waive and discharge any and all claims against the District and release it from liability for any exposure to illness or injury from this self-administered COVID-19 test, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my estate, heirs, administrator, executor, assignees, and my successors.

I voluntarily agree to release, discharge and hold harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my student self-administering a COVID-19 test.

Personal health information will not be released without written consent except when required by law.

- I give permission for school staff to provide a self-administered test to my student(s) for COVID-19 if new symptoms develop at school.
- I give permission for school staff to provide a self-administered test to my student(s) if they are exposed to COVID-19 within their school cohort and testing is recommended by the local public health authority.

Signature of Parent/Guardian

Date