



COVID-19 TESTING PERMISSION FORM

STUDENT NAME: _____

STUDENT BIRTHDATE: _____

SCHOOL: _____

PARENT/GUARDIAN NAME(S): _____

HOME ADDRESS: _____

PHONE NUMBER: _____

The Richland School District (the "District") has collaborated with the Washington State Department of Health (DOH) and the Benton Franklin Health District (BFHD) to offer free rapid COVID-19 testing to students. The District is using the BinaxNOW rapid test. The BinaxNOW test uses nasal swabs, which are quick and painless, and will be self-administered under observation by a trained person.

You are entitled to keep certain information about your child's health and education private. The results of the BinaxNOW test will be used for the purpose of addressing the health and safety of students and staff related to COVID-19 cases in our schools.

By signing below, you authorize the District to test your student during the 2021-2022 school year. You also affirm that you have the legal authority to determine who may receive the protected health and education information pertaining to the student. Finally, you understand that, per the DOH, a student with COVID-19 or COVID-19 symptoms cannot attend school on site.

_____	_____	_____	_____
Parent/Guardian Signature	Date	Student (age 18 or older) Signature	Date

_____	_____	_____	_____
Parent/Guardian Printed Name	Date	Student (age 18 or older) Printed Name	Date

Verbal permission for testing:

Parent/Guardian Name _____

Phone # _____ Date/Time _____

Witnessed by (Two (2) RSD employees must witness the verbal authorization):

Employee Signature/Printed/Position

Employee Signature/Printed/Position