

Consent Form for COVID-19 Testing

Person to be tested (Student or Employee Name):
Student/Employee Birthdate:
Grade:
School:
Parent/Guardian Printed Name(s)(if Student is a minor):
Email Address:
Home Address:
Phone Number:
Has the Student/Employee listed above been diagnosed with COVID-19 in the past 90 days? <input type="checkbox"/> YES (note: individuals who have tested positive for COVID-19 in the past 90 days <u>should not</u> participate in PCR testing) <input type="checkbox"/> NO

Please carefully read the following informed consent notice and sign the authorization to test for COVID-19. Each participant must read and sign this form before taking part in the testing program. If the participant is a minor (under the age of 18), a parent or legal guardian must read, sign, and return this form before the minor may participate in the testing program.

1. I authorize the person named above (my minor student or myself) to participate in the school COVID-19 testing program to include collection of specimens during school hours by school or other appropriately designated personnel and the testing described in this consent form.
2. I understand that this COVID-19 testing will be conducted through: (i) an individual or pooled PCR test; (ii) an individual rapid antigen test or LAMP test, or (iii) another technology of similar accuracy, as authorized by the Washington State Department of Public Health.
3. I understand that for antigen, PCR, or LAMP testing, a sample will be collected by inserting a nasal swab shallowly into each participant's nose (including by self-collection) and that potential risks if performed as instructed include discomfort from the insertion of the swabs. Participant may have the option to collect their own sample(s) following directions, or to request help from an on-site test administrator, as available. Any irritation is expected to be brief. More information on the technique can be found at <https://www.cdc.gov/coronavirus/2019-ncov/testing/How-To-Collect-Anterior-Nasal-Specimen-for-COVID-19.pdf>
4. I understand that the personnel administering the testing are trained on how to properly administer the test using all applicable safety guidelines. By completing and submitting this form, I confirm that I am authorized to provide this consent on behalf of the person to be tested. I further agree that the test administrator(s), the laboratory performing the testing, the school district, and the trustees, officers, employees, managers, organization sponsors, or other personnel of such parties will not be liable for any accident or injuries that may occur from any person's participation in the testing program.
5. I understand that I will be notified about the results of any individual diagnostic test for COVID-19 performed on my student (or, for employees or non-minor students, me), including when follow-up testing is indicated after pooled testing indicates a positive result for a tested pool.
6. I understand that the ability of participants to receive testing is limited to the availability of test supplies.
7. I understand the laboratory or other entity performing the test is not acting as a medical provider for any testing participant, and that testing does not replace treatment by a medical provider. I assume complete and full responsibility to take appropriate action following receipt of test results, including seeking medical advice, care, and treatment from a medical provider or other healthcare entity, if I have questions or concerns, if COVID-19 symptoms develop, or if the condition of any testing participant worsens.
8. I understand that, as with any medical test, there is the potential that a false positive or false negative COVID-19 test result may occur. Due to the potential for a false negative result, I understand that everyone being tested should continue to follow all COVID-19 safety guidance, including mask-wearing and social distancing, and should follow school protocols for isolating and testing if any symptoms indicating potential COVID-19 infection are observed. More information can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

9. I understand it is my responsibility to inform my healthcare provider (for myself or my student) of a positive test result, and that a copy will not be sent to any health care provider for me.
10. I understand that in most circumstances, the antigen test result will be available in 15-30 minutes, a LAMP test result in approximately 1 hour, and that PCR test results are expected to be available in approximately 24-72 hours, but individual situations may vary.
11. I understand and acknowledge that a positive COVID-19 test result is an indication to stay home from school, self-isolate, and continue wearing a mask or face covering as directed by school or public health officials to avoid infecting others.
12. I have been informed of the test purpose, procedures, and potential risks and benefits. I will have the opportunity to ask questions before proceeding with a COVID-19 test. I understand that if I do not wish to continue with the COVID-19 test, I may decline the test on behalf of my student or myself.
13. 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, I must contact my school in writing. This authorization will remain effective unless and until I revoke it in writing.
14. I understand that to ensure public health and safety and to control the spread of COVID-19, test results may be shared without my individual authorization.
15. I understand test results will be disclosed to appropriate public health authorities, the Office of Superintendent of Public Instruction, the school/organization the test participant is attending or participating in, the testing contractor and processing laboratory, and as otherwise may be permitted or required by law.
16. I understand that participation in testing may require the school to disclose individuals' identities, demographic, and contact information from school records to the testing provider(s). Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), 34 CFR 99.30, I authorize the school to disclose such information pertaining to my student (or, for school employees, pertaining to me) as is required to participate in testing.
17. I understand that follow-up diagnostic testing may require submission of protected health information (PHI) and other personally identifiable information of persons undergoing testing. To the extent that is the case, pursuant to 45 CFR 164.524(c)(3), I authorize and direct the testing provider to transmit such information to my student's school, the Washington State Department of Health, and the processing laboratory. I further understand that such individually identifiable information may be disclosed to the Executive Office of Health and Human Services and any other party as authorized under applicable law.
18. I understand that if I am a student age 18 or older, or otherwise legally authorized to provide consent for my own health care, references to "my student" refer to me and I may sign this form on my own behalf.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

- I have read the above information about the testing program, the description of the test samples to be collected, and possible risks of the testing program, and I voluntarily consent to my minor student's participation in the testing program. I understand that this information may also be provided to me upon written request to my student's school/organization. I authorize the above-named minor student to undergo COVID-19 testing.

Parent / Guardian Signature

Date

- I have read the above information about the testing program, the description of the test samples to be collected, and possible risks of the testing program, and I voluntarily consent to participate in the testing program. I understand that this information may also be provided to me upon written request to my school/organization. I consent to undergo COVID-19 testing.

Student (18 or older) or Employee Signature

Date