

COVID-19 General Consent Form

To be completed by parent or guardian

Parent/Guardian Information

Parent/Guardian print name:	
Parent/Guardian mobile number:	
Parent/Guardian email address:	

Student information

Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	

Consent

By completing this form and returning it to my school, I confirm that I am the parent or guardian of the student listed above, and that I consent to allow for my student to be tested for COVID-19 during the 2021-2022 academic school year by providing a self-administered shallow nasal swab. COVID-19 testing may be offered to students in these circumstances: (1) if my student develop(s) new symptoms of COVID-19 while at school; (2) if my student is exposed to COVID-19 in a school and the local public health department recommends testing (Test to Stay program); (3) if my student requires a COVID-19 test for co-curriculars (only applies when co-curricular location requires proof of negative COVID-19 test); (4) my student is up-to-date for COVID-19 vaccination and not eligible for the Test to Stay program; (5) I do not give permission for school staff to test this student for COVID-19 within their school. I understand that I may consent to any or all types of testing.

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

I understand that the Oregon Health Authority (OHA) has ordered these tests. I understand that neither OHA or the school is acting as my student's healthcare provider and 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 from their healthcare provider.

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

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

Consent

- I give permission for school staff to test this student for COVID-19 if new symptoms develop at school.
- I give permission for school staff to test this student if they are exposed to COVID-19 within their school and testing is recommended by the local public health authority.
- I give permission for school staff to test this student if they require a COVID-19 test for co-curriculars.
- This student is up to date for COVID-19 vaccination and not eligible for the Test to Stay program.
- I do not give permission for school staff to test this student for COVID-19 within their school.

Signature of Parent/Guardian

Date