

Consent and Administration Record – Pleasant Hill CUSD #3 COVID-19 SCHOOL-BASED TESTING CONSENT

Pleasant Hill CUSD #3 is using this form to receive your consent to test your child for COVID-19 and to share collected data with relevant authorities.

What is the test?

With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils or collecting saliva.

How will I find out about the results of the test?

If your child has a specimen collected for testing at school, you will be notified of the test result or informed of how the test result will be received (for example: by phone, text, or email).

What should I do when I receive my child's test results?

If the test is positive, this means that the virus was detected in your child's specimen. You will hear from your child's school or a trained professional about this test. You will be asked to pick up your child and you will be provided information about keeping your child home, following up with your health care provider, and when your child can return to school.

If your child's test results are negative, this means that the virus was not detected in your child's specimen at this time. You will be asked to follow the instructions provided by your child's school following this test result.

CONTACT INFORMATION – Completed by parent/guardian or student (if 18 years of age or older) – Please Print				
Student Last Name:		Student First Name:		MI:
Street Address:		City:	State:	Zip:
Date of Birth (MM/DD/YYYY):	Age:	Student ID Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____				
Race: (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> African American or Black <input type="checkbox"/> Prefer not to Answer			<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other _____	
<input type="checkbox"/> White <input type="checkbox"/> Multi-race			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to Answer	
Parent / Legal Guardian Last Name:		Parent / Legal Guardian First Name:		Phone Number:

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent that the school may notify my child of the test results.
- I consent for my child to be tested for COVID-19 when necessary and understand that my child may be tested multiple times.
- I consent for my child to be tested by school staff, contracted healthcare personnel, Local and Tribal Health Department staff, and/or other trained personnel as directed by the school. I understand that if my child is between the ages of 14-17, they will be asked to provide verbal consent to be tested.
- I understand that this consent form will be valid through June 10, 2022, unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- I understand that test results may be shared with the school, the ordering physician, county, and other local, state, and federal public health authorities, as well as other testing partners as permitted by law.

- I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to “my child” refer to me and I may sign this form on my own behalf.

Visit the CDC’s Coronavirus webpage for more information on the disease and keeping you and your family safe: www.cdc.gov/coronavirus.

SIGNATURE – Parent/guardian or student (if 18 years of age or older)

Date Signed
