

COVID-19 General Consent Form

To be completed by student parent or guardian

Parent/Guardian Information *(You will be notified with test results.)*

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: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		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(s) listed above, and that I consent to allow for my student to be tested for COVID-19 during the 2022-2023 academic school year by providing either a shallow nasal swab or a saliva sample. COVID-19 testing may be offered to students in three 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; (3) once a week screening testing for COVID-19. I understand that I may consent to any or all 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 an independent laboratory acting on behalf of my school will conduct the weekly screening testing. I understand that in order for weekly screening testing to be performed at an independent laboratory, certain personal information regarding my student(s) will need to be communicated to the laboratory for purposes of administering the program, and only to the extent necessary to administer the program, including student name, date of birth, and school cohort.

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

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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.

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

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

Signature of Parent/Guardian _____

Date _____

iOS: Place your camera over the QR Code and click the web address.



(https://bit.ly/REALD_k-12)

Android: Place your camera over the QR code and click web address or use the Google Lens App Scanner.

On behalf of your child referenced in this consent form, please help us by completing the Race, Ethnicity, Language and Disability (REALD) survey. Your answers will help us know more about the spread of COVID-19 in our communities, and better fund and serve communities most affected by COVID-19.

This tool helps to make answering REALD questions convenient and we want everyone to feel safe answering REALD questions. Your information is strictly confidential and will be treated as a confidential public health record. Sharing your REALD data will not impact any benefits you receive from the state, like SNAP or Oregon Health Plan/CAWEM. You can learn more about REALD at <https://bit.ly/realdfacts>

It's up to you whether you answer the REALD questions. Your child will still receive testing, even if you choose not to answer the questions. For questions you don't want to answer, you can choose "Don't want to answer." OHA hopes you'll answer these questions, to better serve you and all Oregonians.

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhsosha.state.or.us. We accept all relay calls or you can dial 711.