

The Laurel School District

District Office

1160 S. Central Avenue

Laurel, Delaware 19956 • (302) 875-6100 • FAX (302) 875-6106



People. Practices. Performance.

STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING

TO BE COMPLETED BY LEGAL GUARDIAN

INDIVIDUAL Information

The Laurel School District, working with the Delaware Department of Health and Social Services - Division of Public Health (DPH) has partnered to test Laurel School District staff for COVID-19 infection. **There is no cost to you or to your insurance.**

- If your Child has tested positive for COVID-19 in the past 90 days, you should not participate in COVID-19 testing to avoid false positives.
- Point of Care (POC) testing is for students who develop symptoms of Covid-19.
- You will be notified of individual test results either in person or via phone or email.
- Unvaccinated individuals are strongly encouraged to participate in Routine COVID Surveillance testing with Quidel.
- Vaccinated individuals may participate in Routine COVID Surveillance testing with Quidel.

Parent/Guardian Information

Parent/Guardian

Print Name:

Parent/Guardian

Address:

Parent/Guardian

Tel./Mobile #:

Parent/Guardian

Email address:

Best way to

contact you

Child/Student Information

Child/Student

Print Name:

Child/Student

DOB (mm/dd/yyyy)

Child/Student

School:

Child/Student

Address (if different than above):

____ **Prior Verbal consent & testing:** Date _____ Person who gave verbal consent: _____

Signature if individuals who received consent: _____

By completing and submitting this form, I confirm that I am the appropriate individual to provide consent and:

- I authorize collection and testing of a sample from for COVID-19 at school for an individual test for my child (e.g. individual antigen or PCR test).
- I understand that all sample types will be non-invasive, short nasal swabs.
- I understand that I will be notified about the results of any individual test for COVID-19 performed on my child via in person, email, or phone.

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- D. I understand that there is the potential for a false positive or false negative COVID-19 test result, no matter the kind of testing being performed. Given the potential for a false negative, I understand that I should continue to follow all COVID-19 safety guidance and contact my child's doctor about their symptoms.
- E. I understand that staff administering all COVID-19 testing have received training on safe and proper test administration. I agree that neither the test administrator nor the Laurel School District nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the COVID-19 testing program.
- F. I understand that my child should stay home if feeling unwell. I acknowledge that a positive **individual** test result is an indication that he/she should stay home from school, self-isolate, and continue to follow DPH or CDC current guidelines.
- G. I understand the school system is not acting as my medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to their test results. I agree I will seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care I receive from the healthcare provider.
- H. I understand that COVID-19 testing may create protected health information (PHI) and other personally identifiable information, and such information will only be accessed, used, and disclosed in accordance with HIPAA and applicable law. Pursuant to 45 CFR 164.524(c)(3), I authorize and direct the testing provider to transmit such PHI to my school, the Delaware Department of Public Health, and the testing laboratory. I further understand that PHI may be disclosed to the Executive Office of Health and Human Services and any other party, as authorized under HIPAA.
- I. I understand that participation in COVID-19 testing may require the school to disclose my child's identity, demographic, and contact information from education records to the testing provider and may require the school to disclose their identity, demographic, and contact information from education records to the Delaware Department of Public Health Pursuant to FERPA, 34 CFR 99.30, I authorize the school to disclose such personally identifiable information (PII) as is required for participation in COVID-19 testing. Agencies that may receive PHI and PII may include: Laurel School District; Delaware Division of Public Health (DHSS-DPH); Delaware Department of Education (DOE); and Staff conducting the Covid-19 test.
- J. I understand that authorizing these COVID-19 tests for my child is optional and that I can refuse to give this authorization, in which case, he/she will not be tested. Additionally if my child is not cooperative testing will not be performed and may need to pick them up from school.
- K. I understand that I can cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information previously released. To cancel this permission for COVID-19 testing, I need to contact my child's school nurse in writing.
- L. I authorize the testing provider and/or the Delaware Department of Public Health to monitor aspects of the COVID-19 virus, such as tracking viral mutations, by analyzing positive sample(s) for epidemiological and public health purposes. Results of such analyses will not be personally identifiable nor create personally identifiable information.

I, the undersigned, have been informed about the COVID-19 test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

Signature of Legal Parent / Guardian:

Date: