

STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING**TO BE COMPLETED BY PARENT / GUARDIAN****Parent/Guardian Information****Parent/Guardian
Print Name:****Parent/Guardian Cell/Mobile #:****Parent/Guardian
Email Address:****Child/Student Information****Child/Student Print Name:****Grade Level:****Date of Birth:**
*(MM/DD/YYYY)***Address:****City:****Zip Code:****Consent Opt Out:** **Yes**, I provide consent for my student to participate in COVID-19 testing *(please read and sign form below)* **No**, I do not provide consent for my student to participate in COVID-19 testing. *(No further action needed)***CONSENT**

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

- A. By signing this form, I am consenting to individual testing on symptomatic individuals: for when individuals present symptoms while at school.
- B. I understand that I am being provided COVID-19 tests for at-home student use.
- C. I understand that all sample types will be non-invasive, short nasal swabs or saliva samples.
- D. I understand that I will be notified about the results of any individual test for COVID-19 performed on my student.
- E. I understand that my student must stay home if feeling unwell. I acknowledge that a positive individual test result is an indication that my student must stay home from school.
- F. I understand the school system is not acting as my student's medical provider, this testing does not replace treatment by my student's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my student's test results.
- G. I understand that COVID-19 testing may create protected health information (PHI) and other personally identifiable information of the student, and such information will only be accessed, used, and disclosed in accordance with HIPAA and applicable law.

- H. I understand that participation in COVID-19 testing may require the school to disclose my student’s identity, demographic, and contact information from education records to the testing provider and may require the school to disclose my student’s identity, demographic, and contact information from education records to the Massachusetts Department of Public Health. Pursuant to FERPA, 34 CFR 99.30, I authorize my school to disclose such personally identifiable information (PII) as is required for my student to participate in COVID-19 testing.
- I. I understand that authorizing these COVID-19 tests for my student is optional and that I can refuse to give this authorization, in which case, my student will not be tested.
- J. I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information previously released.
- K. I authorize the testing provider and/or the Massachusetts 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, and I have received a copy of this Informed Consent. 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 for my student.

Signature of Parent/ Guardian:		Date:
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