

COVID Procedure:

I consent for my student to be tested for COVID-19 when necessary and understand that my student may be tested multiple times.

I consent for my student 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 student 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 the school year and includes summer school, unless I notify the designated contact person from my student's school in writing that I revoke my consent.

I understand that test results may be shared with the school, county, and other local, state, and federal public health authorities, as well as other testing partners as permitted by law.