

PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT COVID-19 SCHOOL-BASED TESTING CONSENT

The Port Washington-Saukville School District is using this form to receive consent to test you or 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.

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 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. Contact your student's school for further guidance. 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: WI
Zip:				
Date of Birth (MM/DD/YYYY):	Age:	School:	Grade:	
Parent / Legal Guardian Email:				
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 school staff determine it is appropriate 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 08/31/2022, 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 an individual 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/self (if 18 years of age or older)

Date Signed