

# COVID-19 Student Testing Consent Form

Under current California Department of Public Health (CDPH) guidance, periodic testing of asymptomatic students is recommended to monitor for COVID-19 cases in the school site. Palm Springs USD will be offering **voluntary** free on-site testing for any student who may require testing due to becoming symptomatic while at school, or for asymptomatic monitoring purposes. Testing may also be performed in the case of an outbreak of COVID-19 when direct exposure is suspected.

The testing being offered will include Antigen (Rapid) testing or PCR testing. Both tests are administered using a nasal or nasopharyngeal swab by a trained medical staff member. The tests will be available during the week from April 12 to 16, April 26 to 30, May 10 to 14, May 24 to 28, June 7 to 11 and June 21 to 25. Please refer to the testing schedule on our district website for specific information on the school site.

**Testing for COVID-19 is being conducted on a voluntary basis with parental consent.**

Parents/Guardians please fill out this form for each student in your household that you consent to testing for.

### Student Participant Information

Student's Full Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please choose one of the below options:**

**Yes, I agree:** I give my consent for my child to be tested for COVID-19 at school using a PCR or Antigen test by a trained medical staff member.

**IF YOU CHECKED "YES" ABOVE, PLEASE SIGN 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 for my child to be tested for COVID-19 infection.
- I understand that my child may be tested at multiple times through June 30, 2021, and that testing may occur on days scheduled in accordance with State mandates.
- I understand that this consent form will be valid through June 30, 2021, unless I notify the designated contact person from my child's school **in writing** that I revoke my consent.
- I understand that my child's test results, and other information may be disclosed as permitted by law.
- I understand that if I am a student 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.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if child is under age 18)

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(if age 18 or over or otherwise authorized to consent)