



# COVID-19 testing consent form

To be completed by parent or guardian or student of 18 years or older. This consent will remain valid from date of signature through August 31, 2024.

Student Information			
Student name:		Date of Birth:	
Teacher:		Grade level:	
Home address:			

Parent/Guardian Information	
Parent/Guardian name:	
Mobile number:	
Email address:	

## Consent

- I consent to the testing of my student for COVID-19 rapid antigen testing with a shallow nose swab. COVID-19 testing may be offered to students in the following circumstances: (1) To participate in athletic competition; (2) if my student develops new symptoms of COVID-19 at school; (3) if my student is exposed to COVID-19 in a school group and the local public health department recommends testing; (4) if my student is waiting to return to school once symptoms have improved.
- I consent to have rapid antigen testing, BinaxNOW, self-administered under the observation of trained school personnel.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- I understand this testing does not replace treatment by my student's healthcare provider, and I assume complete responsibility to seek medical advice if symptoms of COVID-19 develop or worsen regardless of test results.
- I understand that my test results, whether positive or negative, will be disclosed to San Juan County Health and Community Services.
- I understand that I may withdraw my consent to participate in testing at any time.

\_\_\_\_\_  
Parent/Guardian Signature  
or student (18 years or older)

\_\_\_\_\_  
Date