

Staff Use:
Staff Full Name:

Staff School:



COVID Testing Consent Form

By completing this form and returning it to school nursing staff, I confirm that I consent to testing for COVID-19 by ISD 318 Nursing Staff.

I understand that I may revoke my consent at any time. I also understand that COVID-19 testing is optional and that I may refuse to give consent, in which case, I will not be tested. I understand that I must stay home if not feeling well.

I understand that the school is not acting as my healthcare provider, this testing does not replace treatment by my health care provider, and I assume complete and full responsibility to take appropriate action regarding the test result. I understand that it remains my responsibility to seek medical advice, care and treatment from my healthcare provider.

I understand that there is a possibility of a false negative COVID-19 test results and that I could still be infected with COVID-19 even if the test result is negative. I also understand that if I test positive for COVID-19, the test results will be reported to the public health authority as required by law.

Personal health information will not be released without written consent expect when required by law.

Staff Full Name: _____

Date of Birth: _____

Staff Position: _____

Staff School: _____

Staff Mobile Number: _____

Staff Address: _____

Staff Signature: _____

Date Signed: _____

For questions regarding this form, please contact
@ISD 318: District Nurses Jamie Goodwin at jgoodwin@isd318.org or Sarah Marshall at smarshall@isd318.org
@ISD 316: District Nurse Kelly Payne at kpayne@isd316.org
@St. Joe's: School Nurse Cathy Erickson at nurse@sjsgr.org