

Staff Use:

Student Full Name:

Student School:



## COVID Testing Parent/Legal Guardian Consent Form

By completing this form and returning it to school nursing staff, I confirm that I am the parent or legal guardian of the student listed in this form, and that I consent to allow testing of my student 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 for the student is optional and that I may refuse to give consent, in which case, my student will not be tested. I understand that my student must stay home if not feeling well.

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

I understand that there is a possibility of a false negative COVID-19 test results and that my student could still be infected with COVID-19 even if the test result is negative. I also understand that if my student tests 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.

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Student Full Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Student School: \_\_\_\_\_

Student Home Address: \_\_\_\_\_

Parent or Guardian Full Name: \_\_\_\_\_

Parent or Guardian Mobile Number: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

For questions regarding this form, please contact

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@ISD 316: District Nurse Kelly Payne at [kpayne@isd316.org](mailto:kpayne@isd316.org)

@St. Joe's: School Nurse Cathy Erickson at [nurse@sjsgr.org](mailto:nurse@sjsgr.org)