

# COVID-19 Testing Consent Form

## CONSENT

The novel coronavirus (“COVID-19”) pandemic presents a new disease with the state of scientific and medical knowledge regarding COVID-19 being limited and constantly evolving. There remain unknowns regarding how the disease is spread and contracted and there is currently no known treatment or cure. COVID-19 is reported to be highly contagious and spread easily from person to person. COVID-19 may result in serious illness, debilitating injury, or death. Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

Name of Person Being Tested:   Staff  Student

Name of Parent (if student)::

By completing this form, I consent to allow a trained school staff member to test myself/my child for COVID-19. COVID-19 testing may be offered to staff or students in three circumstances: (1) if staff/student(s) develop(s) new symptoms of COVID-19; (2) if staff/student(s) is exposed or potentially exposed to COVID-19 in a school group and the local public health department recommends testing; (3) as surveillance testing required for participation in certain sports as directed by DOH and WIAA. I understand that I may consent to one or all types of testing for myself/my child.

I understand that COVID-19 testing for the staff/student(s) is optional and that I may refuse to give consent, in which case, the named staff/student(s) will not be tested. I understand that staff/student(s) must then stay home from school as directed by the contact tracing team and/or may be not eligible to participate in certain sports or activities.

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

I understand that there is a possibility of false negative COVID-19 test results and that staff/student(s) could still be infected with COVID-19 even if the test result is negative. I also understand that if I/my child tests positive for COVID-19, the test result will be reported to the local public health authority as required by law. Personal health information will not be released without written consent except when required by law.

I give permission for trained school staff to test myself/my child for COVID-19 per Spokane Regional Health District and WA Department of Health Guidelines. I understand that permission for testing is required for my student to participate in certain sports or activities as directed by WA Department of Health and WIAA.

I do not give permission for my student to be tested. I understand this may result in my student having to quarantine as directed by the contact tracing team. I understand that if I do not give permission for testing, my student may not participate in certain sports or activities as directed by WA Department of Health and WIAA.

I understand that testing is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above and knowingly assume an risks associated with this testing. I hereby voluntarily agree to waive and discharge any and au claims against the District related to or arising out of COVID-19 testing, and voluntarily release the District from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the District or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself and my child to the fullest extent allowed by law. By signing below, and in consideration for providing testing to me/my child, I agree to release, discharge, indemnify, and hold harmless the District and its employees, agents, volunteers, and representatives from an liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising in any way from COVID-19 testing.

Signature (Parent/Guardian if student)

Date

Contact the nurse at your child’s school if you have questions.