

COVID-19 Minor Testing Consent Form

A minor 15 years of age or older may consent to COVID-19 testing as ordered by the Oregon Health Authority under ORS 109.640(2)(a).

To be completed by student ages 15–18	
Student information	
<i>You will be notified with test results.</i>	
Student name:	Mobile number:
Email address:	
Home address:	City:
ZIP code:	County:
Date of birth(MM/DD/YYYY):	Grade level:
Consent	
<p>By completing this form and returning it to my school, I confirm that I consent to allow myself to be tested for COVID-19 during the 2023-2024 academic school year. I may be tested for COVID-19 in two circumstances: (1) if I develop new symptoms of COVID-19 while at school; (2) if I am exposed to COVID-19 in a school group and the local public health department or school recommends testing. I understand that I may consent to either or both types of testing.</p> <p>I 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 my school may require me to stay home from school if I am feeling unwell.</p> <p>I understand that the Oregon Health Authority (OHA) has made these tests available through a standing order. I understand that neither OHA or the school is acting as my healthcare provider and that this testing does not replace treatment by my healthcare provider. I assume complete and full responsibility to take appropriate action regarding my test results, which means to seek medical advice, care, and treatment from a health care provider if necessary, or to speak with my parent and/or guardian if I need help understanding what to do after receiving my test results.</p> <p>I understand that there is a possibility of 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, my parent and/or guardian may be informed of my results under ORS 109.650.</p> <p>Personal health information will not be released without written consent except when required by law.</p> <p><input type="checkbox"/> I give permission for school staff to test me for COVID-19 if new symptoms develop at school.</p> <p><input type="checkbox"/> I give permission for school staff to test me if I am exposed to COVID-19 within my school cohort and testing is recommended by the local public health authority or school.</p>	
Signature of Student	Date

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the COVID Feedback Team at 503-945-5488 or email feedback@odhsoha.oregon.gov. We accept all relay calls.