

COVID-19 General Consent Form

To be completed by student parent or guardian

Parent/Guardian Information *(You will be notified with test results.)*

Parent/Guardian print name:	
Parent/Guardian mobile number:	
Parent/Guardian email address:	

Student information

Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	

Consent

By completing this form and returning it to my school, I confirm that I am the parent or guardian of the student(s) listed above, and that I consent to allow for my student to be tested for COVID-19 during the 2024-2025 academic school year by providing a shallow nasal swab. COVID-19 testing may be offered to students in two circumstances: (1) if my student(s) develop(s) new symptoms of COVID-19 while at school; (2) if my student(s) is 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.

I understand that COVID-19 testing for the student(s) is optional and that I may refuse to give consent, in which case, my student(s) will not be tested. I understand that my student(s) must stay home from school if feeling unwell.

I understand that the Oregon Health Authority (OHA) has ordered these tests. I understand that neither OHA or the school is acting as my student's healthcare provider and this testing does not replace treatment by my student's healthcare provider, and I assume complete and full responsibility to take appropriate action regarding the student's test results. I understand that it remains my responsibility to seek medical advice, care and treatment for my student(s) from their healthcare provider.

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

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

COVID-19 General Consent Form

Consent

- I give permission for school staff to test this student(s) for COVID-19 if new symptoms develop at school.
- I give permission for school staff to test this student(s) if they are exposed to COVID-19 within their school cohort and testing is recommended by the local public health authority or school.

Signature of Parent/Guardian _____

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.