

# 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 minor ages 15–18	
Minor 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):	
Consent	
<p>By completing this form and returning it to my camp, I confirm that I consent to allow myself to be tested for COVID-19 during camp. I may be tested for COVID-19 in three circumstances: (1) if I develop new symptoms of COVID-19 while at camp; (2) if I am exposed to COVID-19 in a camp group and the local public health department recommends testing; (3) arrival screening. I understand that I may consent to any or all 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 camp may require me to stay home from camp 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 camp 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 for COVID-19, the test result will be reported to the local public health authority as required by law. 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 camp staff to test me for COVID-19 if new symptoms develop at camp.</p> <p><input type="checkbox"/> I give permission for camp staff to test me if I am exposed to COVID-19 within my camp cohort and testing is recommended by the local public health authority.</p> <p><input type="checkbox"/> I give permission for camp staff to test me for COVID-19 upon arrival at camp.</p>	
Signature of Student	Date

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email [CRRU@dhsoha.state.or.us](mailto:CRRU@dhsoha.state.or.us). We accept all relay calls or you can dial 711.