

COVID-19 General Consent Form

To be completed by child 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:	

Child/Children information

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

Consent

By completing this form and returning it to my camp, I confirm that I am the parent or guardian of the student(s) listed above, and that I consent to allow for my child to be tested for COVID-19 during camp. COVID-19 testing may be offered to campers in three circumstances: (1) if my child develops new symptoms of COVID-19 while at camp; (2) if my child is exposed to COVID-19 in a camp group and the local public health department recommends testing; (3) arrival screening for camp. I understand that I may consent to any or all types of testing.

I understand that COVID-19 testing is optional and that I may refuse to give consent, in which case, my child will not be tested. I understand that my child must stay home from camp if feeling unwell.

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

I understand that there is a possibility of false negative COVID-19 test results and that my child could still be infected with COVID-19 even if the test result is negative. I also understand that if my child tests positive for COVID-19, the test result will be reported to the local public health authority as required by law.

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Consent

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

- I give permission for camp staff to test this child for COVID-19 if new symptoms develop at camp.
- I give permission for camp staff to test this child if they are exposed to COVID-19 within their camp cohort and testing is recommended by the local public health authority.
- I give permission for camp staff to test this child for COVID-19 upon arrival at camp.

Signature of Parent/Guardian

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@dhsosha.state.or.us. We accept all relay calls or you can dial 711.