

COVID-19 Testing Consent Form For Residential Youth Facilities

To be completed by student parent or guardian			
Parent/Guardian Information			
<i>You will be notified with test results.</i>			
Parent/Guardian Print name:			
Parent/Guardian Mobile number:			
Parent/Guardian Email address:			
Youth information			
Student name:			
Facility Name:			
Facility Address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>			

COVID-19 Testing Consent Form For Residential Youth Facilities

Consent

By completing this form and returning it to this residential youth facility, I confirm that I am the parent or guardian of the individual(s) listed above, and that I consent to allow for my child to be tested for COVID-19 by providing either a shallow nasal swab or a saliva sample. COVID-19 testing may be offered to youth in three circumstances: (1) if my child develops new symptoms of COVID-19; (2) if my child is exposed to a person with COVID-19; (3) upon entry or reentry to the facility to facilitate cohorting.

I understand that COVID-19 testing for my child is optional and that I may refuse to give consent, in which case, my child will not be tested.

I understand that the Oregon Health Authority (OHA) has ordered these tests. I understand that OHA and the residential program are not acting as my child's healthcare provider, and I assume complete and full responsibility to take appropriate action regarding the 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.

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

- I give permission for facility staff to test my child for COVID-19 if new symptoms develop.
- I give permission for facility staff to test my child if they are exposed to COVID-19 and testing is recommended by the local public health authority.
- I give permission for my child to be tested for COVID-19 before entry or reentry to this facility to facilitate cohorting.

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.