

## ROSCOMMON AREA PUBLIC SCHOOLS COVID-19 SCHOOL-BASED TESTING CONSENT

Roscommon Area Public Schools is using this form to receive your consent to test your child for COVID-19 and to share collected data with relevant authorities.

### What is the test?

With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.

### How will I find out about the results of the test?

If the test is positive, this means that the virus was detected in your child's specimen. You will hear from your child's school or a trained professional about this test. You will be asked to pick up your child and you will be provided information about keeping your child home, following up with your health care provider, and when your child can return to school.

If your child's test results are negative, this means that the virus was not detected in your child's specimen at this time. Your child will be allowed to remain in school.

### CONTACT INFORMATION – Completed by parent/guardian or student (if 18 years of age or older) – Please Print

<b>Student Last Name:</b>	<b>Student First Name:</b>	<b>MI:</b>
<b>Building: (Circle One)</b> <b>Elementary                      Middle                      High</b>		<b>Grade:</b>
<b>Parent / Legal Guardian Last Name:</b>	<b>Parent / Legal Guardian First Name:</b>	<b>Phone Number:</b>

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent that the school may notify my child of the test results.
- I consent for my child to be tested for COVID-19 when necessary and understand that my child may be tested multiple times.
- I consent for my child to be tested by school staff, contracted healthcare personnel, and/or other trained personnel as directed by the school.
- I understand that this consent form will be valid through 06/30/22 unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- I understand that test results may be shared with the school, the ordering physician, county, and other local, state, and federal public health authorities, as well as other testing partners as permitted by law.
- I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.

Visit the CDC's Coronavirus webpage for more information on the disease and keeping you and your family safe:

[www.cdc.gov/coronavirus](https://www.cdc.gov/coronavirus).

<b>SIGNATURE</b> – Parent/guardian or student (if 18 years of age or older)	Date Signed
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