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| **STUDENT CONSENT FORM FOR COVID-19 RELATED INFORMATION SHARING BETWEEN SCHOOL AND BEFORE/AFTER SCHOOL PROGRAM** | | | | | |
| **TO BE COMPLETED BY PARENT / GUARDIAN** | | | | | |
| **Parent/Guardian Information** | | | | | |
|  | | | | | |
| **Parent/Guardian**  **Print Name:** |  | | | | |
| **Parent/Guardian Cell/Mobile #:**  *Note: results will be texted to this cell #* |  | | | | |
| **Parent/Guardian**  **Email Address:** |  | | | | |
| **Child/Student Information** | | | | | |
| **Child/Student Print Name:** |  | | | | |
| **Grade Level:** |  | | | | |
| **Date of Birth:**  *(MM/DD/YYYY)* |  | | | | |
| **Address:** |  | **City:** |  | **Zip Code:** |  |
| **Consent for COVID-19 related information sharing:** | Yes, I authorize my student’s school and the before/after school program(s) listed below to share, with each other, my student’s COVID-19 test results and identification of my student as a close contact who may need to participate in Test and Stay.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s School Student’s OST Program | | | | |
| **CONSENT** | | | | | |
| By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:   1. I, or another legally authorized individual, have previously authorized collection and testing of a sample from my student for COVID-19 at school, and confirm that my student may continue participation in that testing program under the terms of the prior consent. 2. In addition to the entities listed in my prior consent, I authorize my student‘s school and before/after school program to share any COVID-19 test results about my student and whether my student has been identified as a close contact who may need to participate in Test and Stay. 3. I understand that any information sharing may include disclosure of my student’s identity, contact information, and information about COVID-19 test results or their identification as a close contact.   I, the undersigned, have been informed about the COVID-19 test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19 for my student and the disclosures described in this consent form. | | | | | |
| **Signature of Parent/ Guardian:** |  | | | **Date:** | |