

Child COVID-19 Testing Consent Form

****Families** - please fill out this form for each student in your household that will participate in COVID-19 testing at Friends School of Minnesota. Please return form by the start of school or by the next in school Covid testing event.

Student Participant Information

Student's Full Name: _____ Grade: _____

Family Information

Parent/Guardian Full Name: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Purpose: COVID-19 is a dangerous infectious disease that is spread primarily from person-to-person through respiratory droplets. Close proximity to others presents a risk of infection and disease spread. It is recommended that persons maintain six feet of distance between one another at all times; however, infection may still occur when this distance is maintained, and this distance is not always maintained. To prevent the spread of COVID-19, testing, contact tracing, and isolation of infected people supports the health and safety of the community. The purpose of this "Child COVID-19 Testing Consent Form" is for parents or legal guardians to consent to regular COVID-19 testing for their children.

To have your child participate, check the box below, read the remaining consent language, and sign at the bottom of the page:

- Yes, I agree:** I give my consent for my child to be tested at Friends School of Minnesota for COVID-19 through a nasal swab—less than one inch into the nostril—to screen for COVID-19.

IF YOU CHECKED "YES" ABOVE, PLEASE SIGN 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 for my child to be tested for COVID-19 infection.

I understand that my child may be tested at multiple times through June 10th, 2022, and that testing may occur on days scheduled in accordance with State mandates.

I understand that this consent form will be valid through June 10, 2022, unless I notify the designated contact person from my child's school in writing that I revoke my consent.

I understand that my child's test results and other information may be disclosed as permitted by law.

Signature of Parent/Guardian: _____ Date: _____