

Student 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 Yinghua Academy.
Please return by the next onsite COVID-19 testing event.

Student Participant Information

Student's Full Name: _____ Grade / Class: _____

Parent/Guardian Information

Parent/Guardian Full Name: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Purpose: COVID-19 is an 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.

Please choose one of the below options:

- ☐ **Yes, I agree:** I give my consent for my child to be tested at Yinghua Academy for COVID-19 through a nasal swab—less than one inch into the nostril—to screen for COVID-19 on a routine basis.
- ☐ **No, I do not agree:** I DO NOT give my consent for my child to be tested 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 multiple times through the end of the academic school year, and that testing may occur on days scheduled in accordance with State mandates.
- I understand that this consent form will be valid through August 31, 2023, 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: _____