

STUDENT COVID-19 ANTIGEN TESTING PARENTAL CONSENT FORM

Parent/Guardian/Adult Self Information

Name: _____

Address: _____

Telephone/Mobile Number: _____ Email: _____

Best Way to Contact You: Mobile/Cell Phone Home Phone Email

Student/Adult Self Information *(Person receiving Antigen testing)*

Name: _____

Date of Birth: _____ Sex: Male Female

Race: White Black/African American Asian or Pacific Islander American Indian or Alaska Native Multiracial
 Other: _____

Ethnicity: Hispanic Non-Hispanic

School: _____ Grade: _____

NOTIFICATION OF INFORMATION SHARING:

The law allows some information about your child to be shared with certain Delaware State agencies and their contracted service providers, including Christina School District, Delaware Department of Education, Delaware Division of Public Health (DHSS – DPH) and the COVID-19 testing vendor, Quidel Corporation. This information will be shared only for public health purposes, which may include notifying close contacts of your child if they have been exposed to COVID-19, and taking other steps to prevent the further spread of COVID-19 in the community. Information about your child that may be shared with these agencies and service providers conducting COVID-19 Testing includes your child’s name, COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), classroom/ cohort/pod, enrollment and attendance history, and after school or other program participation, names of other family members or guardians, address, telephone, mobile number, and email address. Sharing of information about your child will only be done so in accordance with applicable law and policies protecting student privacy and the security of your child’s data.

CONSENT By checking each box 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, or myself.
- I consent for my child/adult self to be tested for COVID-19 infection.
- I understand that this consent form will be valid through August 5, 2022, unless I notify the designated contact person from my child’s school in writing that I revoke my consent.
- 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.
- I understand that my child’s test results and other information may be disclosed as permitted by law.
- I understand that my child or adult self may be tested at multiple times through August 5, 2022, and that testing may occur on days scheduled by the Christina School District.

Signature of Parent/Guardian/Adult Self (Parent must sign if child is under age 18):

By submitting this form, I understand that I am giving my consent for my student or myself if 18 years of age, to be selected to receive a free diagnostic test for the COVID-19 virus and I understand and agree with the Notification of Information Sharing set forth above.