

## Charlotte Valley COVID-19 Test-to-Stay Consent Form

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Building: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Diagnostic testing is intended to identify current infection in individuals has been exposed to COVID-19.**

### REASONS FOR TESTING MAY INCLUDE:

- Unvaccinated student exposed to someone with a confirmed or suspected case of COVID-19 (**Test-to-Stay**)
- YES, I DO give consent for my child to be included in the Charlotte Valley's Test-to-Stay Program during the 2021-2022 school year.**
- NO, I DO NOT give 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. This consent expires 6/30/22.

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

I understand that my child's teacher(s) will be notified of their participation in Test-to-Stay.

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.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(if age 18 or over or otherwise authorized to consent)

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### DISTRICT USE ONLY:

If consent was provided verbally or via telephone by authorized parent/guardian:

**Staff Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_