

# Child COVID-19 Testing Consent Form



Name of child's school: \_\_\_\_\_

## 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.

## Authorizations:

- I authorize Tacoma-Pierce County Health Department COVID Testing Unit to administer weekly COVID-19 rapid antigen testing from November 21 to December 31, 2020, to my child.
- I authorize this testing unit to conduct collection and testing for COVID-19 through a nasal swab—less than one inch into the nostril—to screen for COVID-19.
- I authorize this testing unit to administer a PCR test to my child to confirm results through a nasal swab—less than one inch into the nostril—if my child tests positive using the rapid antigen test. If my child's PCR test is positive or if my child doesn't take the test, I agree to isolate my child for at least 10 days.
- I authorize this testing unit to share my child's test results with my school district for the sole purposes of identifying others who may have been exposed. I understand my child's test results will go to the health departments in my county or state or to any other governmental entity the law requires.

## Acknowledgements:

**I voluntarily agree for my child to be tested weekly for COVID-19.**

**I assume complete and full responsibility to take appropriate action with regard to my child's test results.** I

acknowledge a positive test result is an indication my child must self-isolate and wear a mask or face covering as directed to avoid infecting others. I understand, as with any medical test, this COVID-19 test has the potential for false positive—test is positive but my child does not have the infection—or false negative—test is negative but my child has the infection—results. I agree to seek medical advice, care and treatment from my healthcare provider if I have questions or concerns, or if my child's condition worsens. I understand the testing unit is not acting as a healthcare provider, and this testing does not replace treatment by a healthcare provider.

I understand the test purpose, procedures, possible benefits and risks, and I can request a copy of this consent form. I can ask questions before I sign this consent form, and I understand I can ask additional questions at any time.

I understand I can contact my child's school at any time to end my child's participation in the testing program.

Child's name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Parent or Guardian's name \_\_\_\_\_

Parent or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

# Child COVID-19 Testing Registration



School name: \_\_\_\_\_

Grade level: \_\_\_\_\_

## Patient Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### Sex:

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ I prefer not to answer

### Race: (Check all that apply)

- ☐ American Indian or Alaskan Native
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islanders
- ☐ White
- ☐ Other: \_\_\_\_\_
- ☐ I prefer not to answer

### Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ I prefer not to answer

### Contact information for test results:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_

If you prefer results via phone, check here. ☐

### Preferred language:

- ☐ English
- ☐ Spanish
- ☐ Russian
- ☐ Korean
- ☐ Vietnamese
- ☐ German
- ☐ Tagalog
- ☐ Other: \_\_\_\_\_