



Prince George's County Public Schools

COVID-19 Parental Consent for Testing and Release of Information

Student Name: Student ID Number: Parent Phone #:
DOB: Grade: Alt. phone #:
School: Date: Parent email:

PLEASE CAREFULLY READ, INITIAL AND SIGN THE FOLLOWING INFORMED CONSENT:

This consent form authorizes your child to be tested for SARS-CoV-2, the virus that causes the novel coronavirus COVID-19. Your child is being tested because he or she has demonstrated symptoms of COVID-19. The test is done by inserting a small swab into your child's nose. By signing this form, you agree that you have the legal authority to consent to this testing.

Symptoms of COVID-19: Any **One** of the following: cough, shortness of breath, difficulty breathing, new loss of taste or smell; OR at least **Two** of the following: Fever of 100.4 F or higher, chills or shaking, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, and congestion or runny nose.

By signing this form, I agree to the following for my child: (Please initial next to each statement and sign the bottom)

___ a. I authorize Prince George's County Public Schools to conduct collection and testing for COVID-19 through a nasal swab. This consent extends to all COVID-19 testing performed during the 2020- 2021 school year.

___ b. I authorize my child's test results to be disclosed to the County, State, or to any other governmental entity as may be required by law. The results will be entered into CRISP - Maryland Health Information Exchange and SHERe (PGCPS electronic medical records system). The results will also be shared with your child's school administrator for the limited purpose of contact tracing; however, your child's name will not be released to other individuals other than the Principal. PGCPS will not share any information that violates the Family Educational Rights and Privacy Act (FERPA). By my signature below, I authorize the release of my child's test results, as described in this paragraph.

___ c. I acknowledge that a positive test result is an indication that my child must isolate and will be excluded from in person learning until the isolation period is complete per CDC guidelines.

___ d. I understand that Prince George's County Public Schools is **not** acting as my child's medical provider, this testing does not replace treatment by my child's medical provider. I assume complete and full responsibility to take appropriate action when I receive my child's test results. I agree that I will seek medical advice, care and treatment from my child's medical provider if my child receives a positive result for COVID-19. I will also consult with my child's medical provider if I have any questions or concerns, or if my child's condition worsens.

___ e. I understand that, as with any medical test, there is the potential for a false negative COVID-19 test result. If my child is symptomatic, he or she will be required to have a negative PCR COVID-19 test result or an alternate diagnosis in written form from my child's provider before allowed back in school learning.

___ f. I understand that there will be no out-of-pocket cost for this testing.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time.

Check one and sign below.

___ I voluntarily consent to have my child COVID-19 tested.

___ I DO NOT consent to COVID-19 testing for my child. I am aware that I have to have a note from my child's provider before they may return to in- school learning.

Print Name

Relationship to student