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## SY22 COVID-19 Testing Program Consent Form Print Version – Public and Independent Schools

### Introduction

Our goal for COVID-19 testing is to ensure that students and staff can safely participate in in-person learning while reducing the impacts of widespread quarantine on students, their families and schools.

This form includes a request for consent to have your student tested, details about how test information may be shared, and a description of the testing types that our school is offering. We may be using more than one testing type at any given time because each has a different purpose. For more information, please review this helpful guide on the potential testing tools that our school may offer.

**All testing is voluntary and will require consent.**

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### Consent Agreement for a Student Under 18 Years Old

#### NOTIFICATION OF INFORMATION SHARING

The information about your minor and his or her test results will be shared with and among certain Vermont agencies, contractors, and providers to support the testing program. This information will be shared only for public health purposes, which may include notifying close contacts of your minor if they have been exposed to COVID-19 and taking other steps to prevent the further spread of COVID-19 in your community.

Information about your minor may be shared with the Vermont agencies, contractors and service providers conducting COVID-19 Testing, and includes your minor's name and COVID-19 test results, date of birth/age, sex, race/ethnicity, school/camp names, teacher(s) and counselors, classroom/cohort/pod enrollment and attendance history, and after school or other program participation, names of other family members or guardians, address, telephone number, and email address.

The Vermont Department of Health will report publicly data they receive about COVID-19 cases in schools. Your minor's information will only be shared in accordance with applicable law and our organization's policies protecting student and camper privacy and the security of your minor's data.

- By signing below, I am consenting [for my child / myself] to participate in the following COVID-19 Testing Types:
  - In school PCR testing
  - Take home PCR testing
  - Test to Stay Antigen testing

- I understand that if my child is a close contact or symptomatic, they will be asked to participate COVID-19 response testing
- I understand that the type of testing (the options above) may vary and is dependent on the situation (COVID-19 Testing At A Glance).
- I certify that I am the parent or legal guardian of the patient, or I am patient and at least 18 years of age.
- I have been given the opportunity to ask questions about the test types outlined above.
- I understand that school COVID-19 response testing is voluntary, and that I may decline to (have my child) participate at any time.
- I understand that if I decline to (have my child) participate in COVID-19 response testing, my child / I may be asked quarantine.

I have read, agree and consent to the above statements. required,

Yes       No      \*Please do not continue filling out this form if you do not agree.

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

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### Consenter Information

Please fill in the information below to identify who this consent form is being filled out for.

#### Parent or Guardian Name:

|             |            |
|-------------|------------|
| First Name: | Last Name: |
|-------------|------------|

#### Testing Participant Name:

|             |            |
|-------------|------------|
| First Name: | Last Name: |
|-------------|------------|

#### Testing Participant Date of Birth:

|  |
|--|
|  |
|--|

#### Testing Participant Address:

|                 |        |           |
|-----------------|--------|-----------|
| Address Line 1: |        |           |
| Address Line 2: |        |           |
| City:           | State: | Zip Code: |

**Phone:**

*Used for results contact, prefer cell phone if available because the response is TXT message based*

**Email:**

*Used for results contact*

**Testing Participant Biological Sex:**

Male       Female       Other

**Testing Participant Race/Demographics:** *Please select the race/demographic that you identify with.*

American Indian or Alaskan Native       Asian       Black or African American

Native Hawaiian or other Pacific Islander       White       Unknown

Refuse to answer

**Is the testing participant employed in the healthcare industry?**

Yes       No

**Does the testing participant live in congregate housing (e.g. long-term care facility, correctional facility or shelter)?**

Yes       No

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**School Information**

**Supervisory Union (if applicable. Leave blank if an independent school):**

**School:**