

**NJ School Voluntary COVID-19 Testing
Parent/Guardian Consent Form for Minor Students**

Student testing will maximize the longevity of in-person learning by quickly detecting, tracing, and isolating COVID-19 positive individuals — whether or not they begin to show symptoms. And it will provide families and staff with peace of mind. The current safety measures in place, combined with testing for staff and students, will lower the risk of transmission and allow more consistent access to in-person instruction for our students.

What is the test?

The testing is an anterior-nasal swab test (a short swab no longer than a typical Q-Tip is inserted into the front portion of the nostril) and takes only a few seconds to collect. This is a non-invasive collection method.

Will this information be shared?

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 your school community. Sharing of information about your child will only be done so in accordance with applicable law and city policies protecting student privacy and the security of your child’s data. Therefore, we will not release your child’s name and test results to entities outside of the local school district and health department.

| Student Information | |
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| Student Name: | Date of Birth: |
| Address: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander | Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino |
| School: | Grade Level: |
| Parent/Guardian Information | |
| Parent/Guardian Name (Please Print): | Parent/Guardian Phone #: |
| Parent/Guardian Email: | |
| Mobile Phone # (will be used to inform you of test results via text message): | Carrier of Mobile # (Verizon, Sprint, etc.): |

CONSENT

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and that:

- I authorize the collection and testing of a weekly individual COVID-19 test on my child during school hours, through the NJ Schools COVID Testing Program.
- I authorize the collection and testing of any individual Rapid antigen and/or PCR/molecular diagnostic test on my child, by allowing my child to provide a nasal swab specimen for testing.
- I understand that all sample types will be non-invasive, short nasal swabs.
- I agree to permit my child's personal information to be released to the Clinical laboratory that will process my child's test.
- I agree to have my child's specimen tested by CRSP for SARS-CoV-2 and/or by rapid antigen test.
- I understand that the Broad Institute may disclose your child's test results to the school, as well as the local and state health departments.
- I agree to allow my child to return for confirmatory testing if requested by my child's educational institution.
- I understand that I will be notified about the POSITIVE results of any individual diagnostic test for COVID-19.
- Regardless of test results, students MUST adhere to all COVID-19 school safety guidance, including mask-wearing and social distancing, and follow school protocols for isolating and testing in the event the student develops symptoms of COVID-19.
- I understand that staff administering individualized testing have received training on safe and proper test administration. I agree that neither the test administrator nor any of their trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the COVID-19 testing program.
- I understand that my child must stay home if feeling unwell. I acknowledge that a positive individual test result is an indication that my child must stay home from school, self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others. Dates of isolation will be assigned by the district contact tracing team.
- I understand the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care, and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care my child receives from their healthcare provider.

- I consent for my child’s name, COVID-19 test results, and all information included within this authorization to be released by and among NJ School COVID Testing Program and their contracted services providers, and public health agencies for the purpose of testing coordination, results notification, and other public health purposes.
- I understand that individualized testing may create protected health information (PHI) and other personally identifiable information (PII) of my child. Pursuant to 45 CFR 164.524(c)(3), I authorize and direct the testing provider to transmit such PHI to my child’s school, the local and state health departments, and the testing laboratory. I further understand that PHI may be disclosed to the Executive Office of the Department of Health and any other party, as authorized under HIPAA.
- I understand that authorizing these COVID-19 tests for my child is optional and I can refuse to give this authorization, in which case, my child will not be tested.
- This permission will be in effect from the date of my signature and at any time my child is enrolled in NJ School COVID testing program unless I terminate this authorization in writing. I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released. To cancel this permission for COVID-19 testing, please contact the school nurse.

I voluntarily agree to this testing for SARS-CoV-2 for my child.

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| Parent /Guardian Signature: | Date: |
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