

COVID-19 TESTING INITIATIVE:
STUDENT TESTING CONSENT FORM

Please complete this form for each student in your household that attends Rock Creek Christian Academy, and return the completed form to Nurse Richardson.

Rock Creek Christian Academy is conducting a COVID-19 Testing Initiative. The purpose of this Initiative is to provide in-school COVID-19 testing to students attending. This testing is voluntary and will be offered, on up to a weekly basis.

If you consent to your student's participation in the COVID-19 Initiative, your student will provide test samples during the school day. To minimize the discomfort to your student, these samples will be collected either by swabbing your student's nose or asking them to spit into a test tube. St. Jude Laboratories will receive and test your student's samples, and provide the test results to the School District within two business days. You can get more information about how the School District will use, protect and disclose your student's test results by contacting Nurse Richardson.

If your student is insured, St. Jude Laboratories will bill your insurance company for the cost of your student's testing. If your student is not insured, you will be responsible for paying St. Jude Laboratories \$75.00 for the cost of your student's testing.

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Student Information

Student's Full Name: _____

Student's Date of Birth: _____

Student's Address: _____

School Name: _____ Grade: _____

Parent/Guardian Information (if the Student is under the age of 18)

Parent/Guardian's Full Name: _____

Parent/Guardian's Address: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

YES, test my student for COVID-19 and provide the test results to me and the School District. By checking this box, you are consenting to the above-named student's ("Student") participation in the COVID-19 Testing Initiative. As a part of this Initiative, the Student will be tested for COVID-19 and the test results will be provided to both you and the School District.

NO, do NOT test my student for COVID-19. By checking this box, you are NOT consenting to the Student's participation in the COVID-19 Testing Initiative, and the Student will not be tested for COVID-19 during school hours.

IF YOU CHECKED "YES" ABOVE, PLEASE COMPLETE THE FOLLOWING SECTIONS:

Health Insurance Information:

Does the Student have health insurance? Yes No

Insurance Provider (e.g., BlueCross BlueShield, Medical Assistance, etc.): _____

Member ID Number: _____

Name of Primary Insurance Holder: _____

By signing below, I attest that:

- I am legally authorized to consent to the COVID-19 testing of the above-named student ("Student").
- I consent to the COVID-19 testing of the Student by St. Jude Laboratories on up to a weekly basis through June 30, 2022.
- I consent to the release of the Student's name and test-related information, including but not limited to dates of sample collection and test results, to the School District. I understand and agree that St. Jude Laboratories is not responsible for the School District's use, protection or disclosure of this information.
- I understand that I may revoke my consent to this testing and release of test related-information at any time by notifying the Student's school, in writing, of this revocation.
- I authorize St. Jude Laboratories to bill the Student's health insurance provider, if any, for the cost of the COVID-19 testing, and have provided accurate insurance information above. If the Student does not have health insurance, I agree to pay for the cost of the Student's COVID-19 testing.

Signature of Parent/Guardian: _____ **Date:** _____
(if Student is under the age 18)

Signature of Student: _____ **Date:** _____
(if Student is at least 18 years old)