CONSENT FORM FOR OPTIONAL (SCHOOL-BASED) COVID-19 TESTING TO BE COMPLETED BY PARENT / GUARDIAN

Parent/Guardian Information

As a courtesy to its families, The Seven Hills School will offer optional on-site COVID-19 Molecular testing via the Abbott ID Now Instrument for its enrolled students on each of the school campuses. With the consent of a parent or guardian, these tests can be administered by one of the school nurses, if, in their sole discretion, testing is warranted. If the nursing staff deems that a test is necessary and required for a student's re-entry, the student's family will have the option of fulfilling that requirement in one of two ways:

- 1. They can have the test performed by their child's physician and then forward the results to the School, or
- 2. They can have their child tested by one of the school nurses, who will send the results home.

Parent/Guardian				
Print Name:				
Parent/Guardian Cell/Mobile #:				
Note: results will be texted to this cell #				
Parent/Guardian				
Email Address:				
Child/Student Information				
Child/Student Print Name:				
Grade Level:				
Date of Birth:				
(MM/DD/YYYY)				
Address:	City:		Zip Code:	
Race (pick one):	American Indian/Alaskan Native	Asian Black/	African American	
Requested for government reporting	□ Native Hawaiian/Pacific Islander		r 🛛 Prefer not to say	
Ethnicity (pick one):	Hispanic or Latinx	Gender:	Male Transgender	
Requested for government reporting	□ Not Hispanic or Latinx	(if more one option	Female Nonbinary	
nequested for government reporting	Prefer not to say	applies, please	\Box Other \Box Unknown	
		select Other)	\square Prefer not to say	
Consent Opt Out:	Yes , I provide consent for my stu	/		
	and sign form below)			
	No , I do not provide consent for my student to participate in COVID-19 testing. (<i>No</i>			
	further action needed)			
CONSENT				

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

- A. I authorize the collection and testing of a sample from my student for COVID-19 Molecular at school. By signing this form, I am consenting to testing of my student.
- B. I understand that the sample collected will be a non-invasive, short nasal swab.
- C. I understand the nurses may ask for a parent to be present at the time of sample collection.
- D. I understand that I will be notified about the results of the COVID-19 test performed on my student.
- E. I understand that there is the potential for a false positive or false negative COVID-19 test result, no matter the kind of testing being performed. Given the potential for a false negative, I understand that my student should continue to follow all COVID-19 safety guidance and school protocols.
- F. I understand that staff administering all COVID-19 testing have received training on safe and proper test administration. I agree that neither the test administrator nor The Seven Hills School, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the COVID-19 testing program.

- G. I understand that my student **must** stay home if feeling unwell. I acknowledge that a positive test result is an indication that my student must stay home from school, self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- H. I understand the school system is not acting as my student's medical provider, this testing does not replace treatment by my student's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my student's test results. I agree I will seek medical advice, care and treatment from my student's medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care my student receives from their healthcare provider.
- I. I understand that COVID-19 testing may create protected health information (PHI) and other personally identifiable information of the student, and such information will only be accessed, used, and disclosed in accordance with HIPAA and applicable law. I authorize and direct the school to transmit such PHI to the Cincinnati Health Department. I further understand that PHI may be disclosed to the Executive Office of Health and Human Services and any other party, as authorized under HIPAA.
- J. I understand that participation in COVID-19 testing may require the school to disclose my student's identity, demographic, and contact information from education records to the testing provider and to public health authorities. Pursuant to FERPA, 34 CFR 99.30, I authorize my school to disclose such personally identifiable information (PII) as is required for my student to participate in COVID-19 testing.
- K. I understand that authorizing these COVID-19 tests for my student is optional and that I can refuse to give this authorization, in which case, my student will need to arrange for testing via a health care provider.
- L. 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 previously released. To cancel this permission for COVID-19 testing, I need to contact Joy Copfer (Hillsdale) or Carolyn Vincze (Doherty).

I, the undersigned, have been informed about the COVID-19 test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. 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. I voluntarily agree to this testing for COVID-19 for my student.

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Signature of Parent/ Guardian:	Date: