

- 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.

Signature of Parent/ Guardian:		Date:
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