



USD 330 Mission Valley School District

Home of the Vikings

511 East 2nd Avenue, Box 158

Eskridge, KS 66423

William J. Clark--Superintendent/Director Of Special Services

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866.557.6686

www.mv330.org

Consent to COVID-19 Test

- 1) I authorize a COVID-19 testing administrator associated with the school district, local health department or state health department to conduct collection and testing for COVID-19 through a saliva sample, nasal or nasopharyngeal swab collection as ordered by an authorized medical provider or public health official.
- 2) I authorize my test result, or the test result of my child (if my child is under the age of 18 years or if I remain my child's legal education advocate) to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- 3) I understand that, as with any medical test, there is a potential for a false positive or false negative COVID-19 test result.
- 4) I give permission for the Wabaunsee County Health Department and USD 330 Mission Valley to contact me using non-secure methods (e-mail) regarding this COVID-19 test result, and I understand the risks involved.
- 5) I understand that I can revoke my consent at any time by contacting USD 330 Mission Valley administration or testing administrator.

I have read, understand, and agree to the information above and contained in the USD 330 COVID Testing program.

(NAME OF STUDENT)

(STUDENT DATE OF BIRTH)

(SIGNATURE OF STUDENT/PARENT (if STUDENT IS UNDER 18))

(DATE)

*Please return this form to your child's building administrator or to the school nurse.

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