COVID-19 Testing Consent Form

School: (circle one) **Blackwater Community- BWC,** **Casa Blanca Community – CBC,** **Sacaton Elementary – SES,** **Gila Crossing Community – GCC,** **Maricopa Village – MVS,** **St. Peter's Mission - SPS**

Name of Student: _____

Purpose:

To prevent the spread of COVID-19, testing, contact tracing, and isolation of infected people supports the health and safety of the community. The purpose of this "Child COVID-19 Testing Consent Form" is for parents or legal guardians to consent to COVID-19 testing for their children for the improved safety of each child, their school, and the whole community.

Authorizations:	**Initial**
I authorize _____ (School Name), in affiliation with Prorenata Labs and Steward Healthcare COVID-19 Testing Unit to administer COVID-19 PCR testing, as needed.	_____
I authorize Prorenata Labs and Steward Healthcare to conduct collection and testing for COVID-19 through a nasal swab per the requested frequency of the School.	_____
I authorize Prorenata Labs and Steward Healthcare to share my child's test results with my child's school for the sole purposes of identifying others who may have been exposed.	_____
I understand my child's test results will be shared with the Maricopa County Public Health Department or to any other governmental entity the law requires.	_____
The release of any legally privileged and confidential records (e.g. educational and/or medical records) will be in accordance with applicable privacy protection laws, including the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).	_____
I am authorizing the Prorenata Labs and Steward Healthcare to provide my child's test results by email or mail at the following address or email address, with the understanding that email is not a secure method of communication and the information may be intercepted or accessed and read by a third person:	_____
Email or Mailing Address (Print legibly): _____	

Acknowledgments:

I assume complete and full responsibility to take appropriate action with regard to my child's test results. I acknowledge a positive test result is an indication my child must self-isolate and wear a mask or face covering as directed to avoid infecting others. I understand, as with any medical test, this COVID-19 test has the potential for false positive (test is positive but my child does not have the infection) or false negative (test is negative but my child has the infection) results. I agree to seek medical advice, care, and treatment from my healthcare provider if I have questions or concerns or if my child's condition worsens. I understand that Prorenata Labs and Steward Healthcare is not acting as a healthcare provider, and Prorenata Labs and Steward Healthcare does not replace treatment by a healthcare provider.

I understand the test purpose, procedures, and possible benefits and risks. I can request a copy of this consent form and ask questions before I sign this consent form. I understand I can ask additional questions at any time.

Print legibly

Child's First and Last Name: _____ Child's Date of Birth: _____

Parent/Guardian Name (Print legibly): _____ _____

Parent/Guardian Signature: _____ Date: _____