

Parent/Guardian Consent to COVID-19 Testing

Your student, _____,
attends _____ School.

Modesto City Schools has established a program to conduct school-based COVID-19 testing of students who have been in close contact with a positive COVID person at school. This test is required for your student to remain at school. COVID testing will be done at least twice weekly during a 10-day period. Parents have the option of quarantining their student at home in lieu of consenting to COVID testing. Students will be tested per the California Department of Public Health’s guidelines. Results of COVID-19 tests will be submitted to the California Department of Public Health. (34 CFR § 99.31)

The tests used will be rapid antigen tests, which are administered by nasal swab and produce results in approximately 30 minutes. Individuals will be notified of their results after their test via email sent to their school email address. Rapid antigen tests are not as accurate as PCR tests. Individuals may want to obtain **PCR** testing to confirm unexpected rapid antigen results. Testing locations can be found at: <http://www.schsa.org/coronavirus/testing/>.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) protects students and parents by prohibiting third parties from accessing student records, information, or data without express authorization from the parent or guardian. While exceptions to this general rule exist in cases where information is provided to school officials with legitimate educational interests and to appropriate officials in cases of health and safety emergencies, these test results constitute educational records the District will not share the information with third parties without parent/guardian consent.

Warning of Risks & Assumption of Risks: Participating in COVID-19 screening involves inherent health risks. There is a risk of exposure to COVID-19 when leaving one’s home. There is a risk that upper respiratory tract swabbing may cause discomfort, sneezing, gag reflex, or nosebleed. By consenting to participate, I acknowledge that I understand that the risk of my/my child participating is a low risk and I voluntarily accept these health risks.

Waiver, Release, and Indemnification: I know that participating in this screening is an activity that may be a potentially hazardous activity for some students. I hereby assume full and complete responsibility for any injury, illness, or accident which may occur during my/my child’s participation. I hereby release, waive, hold harmless and covenant not to file suit against the administrators, sponsors, organizers, volunteers, employees, agents or any affiliated individuals or entities associated with this screening from any and all losses, damages, liabilities or other claims and causes of action that may arise out of my participation.

Parents, guardians, or eligible student (over 18 years old) have the right to revoke this consent and authorization at any time.

I have read the above and consent to have my student tested for COVID-19. I understand that this consent shall remain in force until the end of this school year and may be rescinded at any time.

Parent/Guardian Name (print) **Student Name (print)**

Parent/Guardian Signature **Date**

Phone Number **Student ID**