

**WORCESTER COUNTY PUBLIC SCHOOLS  
COVID-19 TESTING INFORMED CONSENT FOR STUDENT TESTING**

Quick detection of the presence of active COVID-19 infections can help decrease the spread of the virus. Worcester County Public Schools will offer testing for COVID-19 to students and staff who are symptomatic or determined to be a close contact of a person with confirmed COVID-19.

Please carefully read the following Informed Consent:

- I authorize Worcester County Public Schools to conduct collection and testing of my child for COVID-19 through nasal, nasopharyngeal, or oral swab if deemed appropriate by the school nurse due to symptoms or for surveillance testing (secondary students only).
- I understand my child may be tested more than once throughout the school year and this consent is valid through the end of the 2020-2021 school year, unless I notify the designated contact person **in writing** that I revoke my consent.
- I authorize Worcester County Public Schools to release required information for testing and results to Chesapeake Regional Information System for Patients (CRISP), which is the state designated health information exchange for Maryland, as well as to the Maryland Department of Health, and other entities as required by law. I understand that this includes my child's demographic and identifying information such as my name, date of birth, address, phone number, email address, gender, race/ethnicity.
- I understand that, as with any medical test, there is a potential for false positive or false negative results.
- I understand that this testing does not replace treatment by any medical provider, and I assume complete and full responsibility to take appropriate action with regards to test results. I agree I will seek medical advice, care, and treatment from a medical provider if I have any questions, concerns, or my child's condition warrants.
- I understand that my child must be picked up immediately after being tested and will be excluded from Worcester County Public School buildings until the results of the PCR test return, or under quarantine period ends if a close contact.
- I understand that a positive result means my child must be excluded from school and self-isolate per current recommendations and guidelines.

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Parent/Guardian Email address:** \_\_\_\_\_

**Student Signature (18 or older):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_