

Consent Form for Student Post-Exposure Testing

Dear Parents and Guardians,

In-person education and learning is critical to a student's well-being and academic success. Testing in schools remains a powerful tool for preventing the spread of COVID-19 as part of a broader COVID-19 mitigation strategy.

Per California Public Health Departments Guidelines, your student's school will be performing Post-Exposure Testing for all students suspected of being exposed to COVID-19 for the 2021-22 school year.

- **Who will be tested?** Students and staff who have been in close contact with someone with COVID-19.
- **How is the testing done?** The COVID-19 testing will be performed via nasal swab and/or saliva testing (if available).
 - [For nasal tests] Gently swabbing the inner part of the lower nostril. This test is not painful.
 - [For saliva tests] A saliva sample.
- **Where and when is the testing done?** Testing will take place on campus for two days within a 10 day period. Results will be available within 24-48 hours but can sometimes take up to 72 hours during times of high testing volume.
- **How will I receive the results?** At your student's testing appointment, you will receive an email from our EHR portal to set up account. Once results are ready you will receive another email to state results are ready for viewing. You will receive a phone call and/or email if the results of your child's test is **POSITIVE**. In the event your child's test returns **POSITIVE**, you will receive a phone call from Walker Medical Wellness staff, caller ID 805-364-4412, to check on status of your student and begin contact tracing protocols and advise you on how to move forward with quarantine and isolation protocols.
- **How can I be sure that my child's information will be protected?** Sharing of information about your child will only be done for public health purposes and in accordance with applicable law and policies protecting student privacy and the security of your student's data.
- **This letter asks your permission for us to:** Test your child if they show symptoms consistent with COVID-19 or have been in close contact with a person with COVID-19 while in school.

Please fill out the following consent form and return to your student's school as soon as possible.

Keep this page for your information.

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

Parent/Guardian Information

NOTIFICATION OF INFORMATION SHARING

The law allows some information about your child to be shared with and among certain California State agencies and their State contracted service providers, including those listed below. This information will be shared only for public health purposes, which may include notifying close contacts of your child if they have been exposed to COVID-19, and taking other steps to prevent the further spread of COVID-19 in your school community. Sharing of information about your child will only be done so in accordance with applicable law and policies protecting student privacy and the security of your child's data.

GUARDIAN INFORMATION

Parent/Guardian Full Name:	
Parent/Guardian Phone #: <i>Note: Contact number for Positive results</i>	
Parent/Guardian Email Address:	
Student Information	
Student Full Name & DOB:	
District Name & School Name:	
Teacher's Name:	

CONSENT

By signing below, I attest that:

- A. I authorize Walker Medical Wellness in conjunction with the school district to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal swab and/or saliva testing (if available). I hereby authorize Walker Medical Wellness to release all medical information associated with this testing my student's school district and to all applicable parties for purposes related to COVID-19 per CDPH guidelines.
- B. I understand that my student may be tested at multiple times throughout the school year and that this consent form will be valid through the end of the 21-22 school year, unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- C. I acknowledge that a positive test result is an indication that my student or me (if student age 18 or older), must self-isolate and also continue following CDC guidelines for isolation an quarantine as directed in an effort to avoid infecting others.
- D. I understand Walker Medical Wellness is not acting as my student medical provider, this testing does not replace treatment by my student's medical provider. If my student develops symptoms or is in need of medical care I will contact my student's provider or go to the nearest emergency room.
- E. I hereby waive any claim I may have against Walker Medical Wellness, the District, and its governing board, officers, agents, employees, volunteers, and representatives from any and all liabilities or claims whether known or unknown arising out of, in connection with, or in any way related to the administration of the COVID-19 testing.
- F. I confirm that my student has no known medical conditions that may pose a risk to the health and safety of Student in connection with the testing that is the subject of this agreement.

I, the undersigned, understand the known risks and the potential benefits of receiving the COVID-19 testing, and I understand that there may be risks to the COVID-19 testing that are not known at this time. I nonetheless request and consent to the COVID-19 testing being given to Student. I acknowledge that receipt of this testing is voluntary on my part and is provided at no charge to me. I agree to hold the District, and its agents, harmless from any injury or loss resulting from my student's receipt of the COVID-19 testing.

Signature of Parent/ Guardian:		Date:	
Signature of Student: <i>(if age 18 or over or otherwise authorized to consent)</i>		Date:	