

**South Shore School District**  
**COVID-19 SCHOOL-BASED TESTING CONSENT**  
**STUDENT - Consent and Administration Record**

South Shore School District is using this form to receive your consent to be tested COVID-19 and to share collected data with relevant authorities.

**What is the test?**

With your consent, you will receive a free diagnostic test for the virus that causes COVID-19. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.

**How will I find out about the results of the test?**

You will be notified of the test result or informed of how the test result will be received (for example: by phone, text, or email).

**What should I do when I receive my test results?**

If the test is positive, this means that the virus was detected in your specimen. You will hear from a trained professional about this test. You will be asked to leave school and will be provided information about isolating at home, following up with your health care provider, and when you can return to school.

If your test results are negative, this means that the virus was not detected in your specimen at this time. You will be asked to follow the instructions provided by your school following this test result.

CONTACT INFORMATION — Completed by adult (18 years of age or older) — Please Print				
Last Name:		First Name:		MI:
Street Address:			City:	State: WI
Date of Birth (MM/DD/YYYY):	Age:	Phone Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: (check all that apply)			Ethnicity:	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Multi-race	<input type="checkbox"/> Non-Hispanic	
<input type="checkbox"/> Prefer not to Answer	<input type="checkbox"/> Other _____		<input type="checkbox"/> Prefer not to Answer	

By signing below, I attest that:

- I have signed this form freely and voluntarily.
- I consent that the school may notify me of the test results.
- I consent to be tested for COVID-19 when necessary and understand that I may be tested multiple times.
- I consent to be tested by school staff, contracted healthcare personnel, Local and Tribal Health Department staff, and/or other trained personnel as directed by the school.
- I understand that this consent form will be valid through May 27, 2022 unless I notify the school's designated contact person in writing that I revoke my consent.
- I understand that test results may be shared with the school, the ordering physician, county, and other local, state, and federal public health authorities, as well as other testing partners as permitted by law.

PRINT PARENT/GUARDIAN NAME

SIGNATURE - (if 18 years of age or older)

Date Signed