

# Kane School District

## COVID-19 Testing: Informed Consent

Student's Name:

School:

Please carefully read and sign the following informed consent:

- a. I authorize Kane School District/Southwest Utah Public Health Department to conduct collection and testing for COVID-19 as required by Utah Public Health Department for my student to participate in extracurricular activities.
- b. I authorize my student's test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- c. I acknowledge that a positive test is an indication that an individual must self-isolate and wear a mask or face covering as directed in an effort to avoid infecting others.
- d. I understand that Kane School District/Southwest Utah Public Health Department is not acting as a medical provider, this testing does not replace treatment by a medical provider. As a parent, I assume complete and full responsibility to take appropriate action with regards to my student's test results. I will seek medical advice, care and treatment from my medical provider if the need arises.
- e. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

By signing this form, I also confirm that: I have been informed about the test purpose, procedures, possible benefits and risks, and I have received copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I understand that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: