

## **COVID-19 Testing Authorization Form and Release of Liability**

### **Background**

The purpose of this Test Consent and Authorization for the Release of Information and Test Results (“Authorization”) form is to obtain your consent to test for SARS-CoV-2, the virus which causes COVID-19, and to, when necessary, provide information to the agencies handling the COVID-19 response. Your consent gives us permission to test you/your child 1-2 times per week for up to twelve months from when this Authorization is signed or until it is withdrawn. Recent studies and emerging data reveal that frequent testing of school staff and children can greatly reduce the likelihood of COVID-19 spreading in schools.

Preventative measures that have already been put in place in schools include physical distancing, face coverings, enhanced hand hygiene, cleaning, disinfection, decreased class sizes, and staggered class times. COVID-19 testing for students and staff who do not have symptoms can also be another strategy used for safe school re-opening. Testing should be used with other interventions; it does not take their place. Ensuring that teachers, staff, and students stay home when ill is also important in reducing transmission in schools. However, one of the biggest challenges of controlling COVID-19 transmission is that infected individuals without symptoms can spread the infection. It is estimated that 30-60% of infected individuals are “silent spreaders” (individuals who are contagious without realizing they have the virus).

BinaxNOW is an antigen test that, in about fifteen (15) minutes, detects the presence of the virus that causes COVID-19 infection. The specimen for the test is collected with a nasal swab. The test is completely voluntary and will not ever be administered unless this Authorization form is signed.

To collect a specimen for this screening, a swab, like a Q-Tip, will be placed inside the tip of the nose. A school staff member who has been trained to perform this test will observe specimen collection and a trained COVID-19 screening administrator will oversee the process. If the test is positive, a second swab may be collected to be run for molecular (e.g. PCR) testing, which is a type of test that takes longer but is more sensitive. Some individuals who test negative may be asked to collect a second swab for molecular (e.g. PCR) testing as well.

A positive test will be immediately reported to the Mendocino County Public Health Department (MCPH) and the California Department of Public Health (CDPH) so that they can begin contact tracing and other activities to prevent the spread of disease. Additionally, all test results will be shared with select school personnel for the purposes of contact tracing and mandated reporting.

Except as required by law, test results and testing information will be kept confidential by the school district, LHD, and CDPH. By signing this Authorization form I consent for the test to be performed on me/my child at least once every two weeks. Signing is also an acknowledgment of the above statements. Upon request, this completed and signed Authorization form should be provided to the appropriate school district personnel.

**Please carefully read and sign the following Informed COVID-19 Screening Test Consent and Authorization for the Release of Information and Test Results:**

- A. I authorize COVID-19 testing through a nasal swab for my child.

- B. I authorize that my/my child's test results be disclosed to the Mendocino Unified School District, local health department, or state health department, or to any other governmental entity as may be required by law.
- C. I acknowledge that if the test is positive I/my child must self-isolate as per the instructions of the department of public health.
- D. I understand the testing program is not providing medical advice, this testing does not replace treatment by my/my child's medical provider, and I agree I will seek medical advice, care, and treatment from my/my child's medical provider if I have questions or concerns, or if my/my child's condition worsens.
- E. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I have been informed about the test purpose, procedures, possible benefits, and risks, and I have received a copy of this Informed Consent for myself/my child to participate in COVID-19 testing. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time.
- F. I authorize Mendocino Unified School District (MUSD) to release my/my child's information and test results<sup>i</sup> as needed to Primary Health and Mendocino Coast Clinics, to facilitate testing for COVID-19 and to make further disclosures as set forth in the Primary Health Privacy Policy, available at <https://primary.health/>
- The provider who ordered the COVID-19 test;
  - Mendocino Coast Clinics (to provide confirmation RT-PCR tests and/or providing laboratory reporting to CalREDIE);
  - Primary Health (to collect test result information and share it with me, other Mendocino Coast Clinics and MUSD); and
  - The California Department of Public Health, and local health department (as required by law) as well as the Public Health Institute.
- G. I understand that I/my child will only be permitted to participate in the COVID-19 testing program with Mendocino Unified School District if I sign this Authorization. I understand that if I do not sign this Authorization, I cannot participate in this COVID-19 testing program with Mendocino Unified School District.
- H. I understand that I may withdraw this Authorization at any time by notifying MUSD. I understand I must notify MUSD of my desire to withdraw the Authorization in writing at PO Box 1154, Mendocino CA 95460 or [doerin@mcn.org](mailto:doerin@mcn.org). I understand that any action already taken in reliance on this Authorization prior to when I notify MUSD cannot be reversed.
- I. Unless withdrawn earlier, this Authorization expires 12 months from the date of this Authorization.
- J. I represent that I am the person authorized to sign this document for myself/my child (parent or guardian).

**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.

My child's name is (Please Print): \_\_\_\_\_

My child's name is (Please Print): \_\_\_\_\_

My child's name is (Please Print): \_\_\_\_\_

Parent Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR COMPLETING AND RETURNING THIS CONSENT FORM TO THE**

**Mendocino Unified School District**

Personal information may include name, gender, date of birth, and dependent and/or guardianship information. Contact information may include telephone number, email address, and physical or mailing address. Testing information may include appointment information, transaction identification number, SARS-CoV-2 ("COVID-19") test information and results.

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