

INFORMED CONSENT FOR SARS-Co-V-2 (CORONAVIRUS, COVID-19) TESTING

Name(s) of minor (please print): _____

Name of parent/guardian
(please print): _____

Parent/guardian contact phone
number: _____

1. I authorize the collection and testing for COVID-19 through an oropharyngeal (throat), nasal, and/or nasopharyngeal swab for my child(ren).
2. I understand that I will be informed of the test results by the Skaneateles Central School District or the Onondaga County Department of Health.
3. By voluntarily agreeing to this testing, I understand that test results will be disclosed to the county, state, or any other government entity as may be required and/or permitted by law, and that the test results will be reported to the Skaneateles School District.
4. I acknowledge that a positive test result means I must isolate my child(ren) in an effort to avoid infecting others.
5. I understand Skaneateles Central School District or Onondaga County Department of Health employees, volunteers, and contractors, who are collecting specimens and providing test results, are not acting as my child(ren)'s medical provider and this specimen collection and testing does not replace treatment by a medical provider. I assume complete and full responsibility to take appropriate action with regard to my child(ren)'s, test results. I agree I will seek medical advice, care, and treatment from a medical provider if I have questions or concerns, or if my child(ren)'s condition worsens.
6. I understand that possible discomfort or other complications, such as the potential for a bloody nose, can happen during sample collection.
7. I understand that, as with any medical test, there is the potential for false positive or false negative test results.
8. I understand that this consent may be used for multiple testing and shall be in effect unless and until revoked by me in writing.

I, the undersigned, have been informed about the test purposes, possible benefits and risks, and I have received a copy of this informed consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree to testing for COVID-19 for my child(ren) listed above.

Signature of resident/guardian

Date