# CONSENT FORM FOR MINORS
## COVID-19 TESTING

**OKLAHOMA State Department of Health**

As the parent or guardian of the minor student named below, I authorize

_____
Name of School / School District

personnel to randomly collect and test a nasal sample from the named student for the presence of SARS-CO V-2 as part of the CDC Reopening Schools screening testing program, which supports the efforts of schools to reopen and operate safely.

The test being used is the Quidel QuickVue SARS Antigen Test for rapid detection of SARS-CoV-2. Antigen tests are designed to detect proteins from the virus which causes COVID-19 illness. I understand that my child's test results will be reported to the Oklahoma State Department of Health as the law requires. The release of any legally privileged and confidential records (e.g. educational and/or medical records) will be in accordance with applicable privacy protection laws, including the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).

**Furthermore, I understand the potential risks of this nasal swab may include:**
- Possible discomfort or other complications that can happen during sample collection.
- Possible false positive (test is positive but my child does not have the infection), false negative (test is negative but my child has the infection) or inconclusive test results.

**Potential benefits include:**
- The result, along with other information, can help you make an informed decision about your child's health and care.
- The result of this test may help limit the spread of COVID-19 to your family, others in your community and the school community.

**Notification of test result:**
- A negative test result will be communicated securely by a text message and email.
- A positive test result will be communicated by phone and securely through an email.

_____     _____
School Name                                          Grade Level

**STUDENT INFORMATION**

_____     _____     _____
First Name                            Last Name                             Date of Birth

**PARENT/GUARDIAN INFORMATION FOR TEST RESULTS:**

_____     _____
First Name                            Last Name

_____  _____  _____  _____
Address                            Apt.    City             Zip code

_____     _____
Cell Number                           Email

_____     _____
Signature                             Date