

School-Based COVID-19 Testing Opt-Out Form

Contact Information | Completed by parent/guardian (or student, if 18 years of age or older)

STUDENT LAST NAME:		STUDENT FIRST NAME:		DATE OF BIRTH:	
SCHOOL NAME:				WARD:	
HOME ADDRESS:		APT:	CITY:	STATE:	ZIP:
PARENT/GUARDIAN NAME:		PHONE:		EMAIL:	
EMERGENCY CONTACT NAME:			EMERGENCY CONTACT PHONE:		

By signing below, I attest that:

- I have read and understand the information provided in the Overview of School-Based COVID-19 Testing Program handout and do not wish to participate in the school-based COVID-19 testing program.
- I understand that by not participating in the school-based COVID-19 testing program, the relevant school and health authorities will have less information about the potential presence and spread of COVID-19 in the school community.
- I understand that if the student is identified as a close contact of a COVID-19 case or is symptomatic, the student will not be eligible to be tested under the school-based COVID-19 testing program unless I revoke this opt-out.
- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student named below (or for myself, if I am a student 18 years of age or older).
- I may change my decision at any time and elect to participate in the school-based COVID-19 testing program. However, my opt-out is valid for the 2021-22 school year unless I notify the designated contact person from my student's school in writing that I revoke this opt-out.

PARENT/GUARDIAN CONSENT SIGNATURE (IF STUDENT IS UNDER 18 YEARS OF AGE)

DATE (MM/DD/YYYY)

SIGNATURE OF STUDENT (IF 18 YEARS OF AGE OR OLDER)

DATE (MM/DD/YYYY)