



**In-School COVID19 Testing Consent Form:  
Abbott BinaxNOW or Quidel QuickVue OTC Materials  
SY 2021-22**

**RELEASE OF INFORMATION AND INFORMED CONSENT TO COVID-19  
TESTING FOR K-12 STUDENTS**

Name of Student \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Parent/Guardian Phone Number(s). \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please carefully read and sign the following Informed Consent:

1. I authorize this COVID-19 testing unit to conduct specimen collection and laboratory testing for COVID-19 through nasal swab of my child, as ordered by an authorized medical provider or public health official.
2. I authorize my child's test results to be disclosed to the South Dakota Department of Health and School District Contact.
3. I acknowledge that a positive test result of my child is an indication that my student must self-isolate and/or wear a mask or face covering as directed to avoid infecting others.
4. I understand that the South Dakota Departments of Health and Education are not acting as my child's medical provider. This testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regard to my child's test results. I agree I will seek medical advice, care and treatment for my child from my medical provider if I have questions or concerns, or if my child's condition worsens.
5. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
6. I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. 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. I voluntarily agree to this testing for my child for COVID-19.

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

Parent or guardian signature unless student is age 18 or older

**\*This form must be signed prior to specimen collection\***