

CONSENT FORM FOR COVID-19 TESTING

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

Parent/Guardian Information	
Parent/Guardian Print Name:	
Parent/Guardian Address:	
Parent/Guardian Tel./Mobile:	
Parent/Guardian Email address:	
Best way to contact you:	
Consent	
<p>By signing below, I attest that:</p> <ul style="list-style-type: none"> • I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above. • I consent for my child to be tested for COVID-19 infection. • I understand that my child may be tested at multiple times through Term 3 AY20/21, and that testing may occur; on days scheduled by ISF, if they exhibit one or more symptoms of COVID-19, or if they are a close contact of a student, teacher, or staff person with COVID-19 infection. • I understand that this consent form will be valid through Term 3 AY20/21 unless I notify the designated contact person from my child's school in writing that I revoke my consent. • I understand that if I revoke my consent or refuse to sign, my child may be required to continue their education via remote learning. • I understand that my child's test results and other information may be disclosed as permitted by law to only the legally authorized authorities. 	
Student Name (First, Last):	
Signature of Parent / Guardian / Adult Student:	
Date:	