

COVID-19 Testing Authorization Form and Release of Liability

Background

The purpose of this Test Consent and Authorization for the Release of Information and Test Results (“Authorization”) form is to obtain your consent to test for SARS-CoV-2, the virus which causes COVID-19, and to, when necessary, provide information to the agencies handling the COVID-19 response. Your consent gives us permission to test you/your child One time per week for twelve months from when this Authorization is signed or until you withdraw the consent in writing. Recent studies and emerging data reveal that frequent testing of school staff and children can greatly reduce the likelihood of COVID-19 spreading in schools.

Preventative measures that have already been put in place in schools include physical distancing, face coverings worn consistently by students and school staff, enhanced hand hygiene, cleaning, disinfection, decreased class sizes, and staggered class times. COVID-19 testing for students and staff who do not have symptoms associated with COVID-19 can also be another strategy used for safe school re-opening, as individuals may test positive for the virus without having any symptoms and may unknowingly spread the virus to others. Testing should be used with other interventions; it does not take their place. Ensuring that teachers, staff, and students stay home when ill is also important in reducing transmission in schools. However, one of the biggest challenges of controlling COVID-19 transmission is that infected individuals without symptoms can spread the infection. It is estimated that 30-60% of infected individuals are “silent spreaders” (individuals who are contagious without realizing they have the virus).

PCR- Molecular test is completely voluntary and will not ever be administered unless this Authorization form is signed and during any period of time that it is not withdrawn.

To collect a specimen for this screening, a swab, like a Q-Tip, will be placed in the lower nasal area. A trained employee of Total Testing Solutions will perform this test.

A positive test will be immediately reported to the Napa County Public Health Department (LHD) and the California Department of Public Health (CDPH) so that they can begin contact tracing and other activities to prevent the spread of disease. Additionally, all test results will be shared with select school personnel for the purposes of contact tracing and mandated reporting.

Except as required by law, test results and testing information will be kept confidential by the school district, LHD, and CDPH. By signing this Authorization form I consent for the test to be performed on me/my child at least weekly. Signing is also an acknowledgment of the above statements. Upon request, this completed and signed Authorization form should be provided to the appropriate school district personnel.

Please carefully read and sign the following Informed COVID-19 Screening Test Consent and Authorization for the Release of Information and Test Results:

- A. I authorize COVID-19 testing through a nasal swab for myself/my child.
- B. I authorize that my/my child’s test results be disclosed to the Howell Mountain ESD, local health department, or state health department, or to any other governmental entity as may be required by law.
- C. I acknowledge that if the test is positive I/my child must self-isolate as per the instructions of the department of public health and until all protocols are satisfied to end self-isolation, as

directed by the department of public health.

- D. I understand the testing program is not providing medical advice, this testing does not replace treatment by my/my child's medical provider, and I agree I will seek medical advice, care, and treatment from my/my child's medical provider if I have questions or concerns, or if my/my child's condition worsens.
- E. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I have been informed about the test purpose, procedures, possible benefits, and risks, and I have received a copy of this Informed Consent for myself/my child to participate in COVID-19 testing. 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.
- F. I understand that I/my child will only be permitted to participate in the COVID-19 testing program with Howell Mountain ESD if I sign this Authorization. I understand that if I do not sign this Authorization, I cannot participate in this COVID-19 testing program with the Howell Mountain ESD.
- G. I understand that I may withdraw this Authorization at any time by notifying Dr. Janet Tufts. I understand I must notify Dr. Janet Tufts of my desire to withdraw the Authorization in writing at: 525 White Cottage Rd. N. Angwin, CA 94508. In addition, I understand I must also notify Howell Mountain ESD by email at jt tufts@hmesd.org. I understand that any action already taken in reliance on this Authorization prior to when I notify Dr. Janet Tufts and my school cannot be reversed.
- H. Unless withdrawn earlier, this Authorization expires 12 months from the date of this Authorization.
- I. I represent that I am the person legally authorized to sign this document for myself/my child (parent or legal guardian).

Warning of Risks & Assumption of Risks: Participating in COVID-19 screening involves inherent health risks. There is a risk of exposure to COVID-19 when leaving one's home. There is a risk that upper respiratory tract swabbing may cause discomfort, sneezing, gag reflex, or nosebleed. By consenting to participate, I acknowledge that I understand that the risk of my/my child participating is a low risk and I voluntarily accept these health risks.

Waiver, Release, and Indemnification: I know that participating in this screening is an activity that may be a potentially hazardous activity for some students. I hereby assume full and complete responsibility for any injury, illness, or accident which may occur during my/my child's participation. I hereby release, waive, hold harmless and covenant not to file suit against the administrators, sponsors, organizers, volunteers, employees, agents or any affiliated individuals or entities associated with this screening from any and all losses, damages, liabilities or other claims and causes of action that may arise out of my participation.

My child's name is (Please Print): _____

My child's name is (Please Print): _____

My child's name is (Please Print): _____

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

**THANK YOU FOR COMPLETING AND RETURNING THIS CONSENT FORM TO THE
Howell Mountain ESD**