620 Wilcox Street
Castle Rock, Colorado 80104

INFORMED CONSENT AND RELEASE FOR COVID-19 DIAGNOSTIC TESTING

(*BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY*)

Authorization and Consent for COVID-19 Diagnostic Testing and Disclosure of Results:

1. I certify that I am at least eighteen years of age and, if applicable, am the adult parent or guardian of _____, a child under the age of eighteen years.
(printed name of minor child)

2. I, personally and on behalf of my minor child, voluntarily consent to and authorize Douglas County School District Re-1, by and through its employees or agents, to conduct collection, testing, and analysis of a COVID-19 diagnostic test of me/my child. I acknowledge and understand that me/my child's COVID-19 diagnostic test will require the collection of an appropriate sample through a nasopharyngeal swab, oral swab, or other collection procedures ordered by an authorized medical provider or public health official.

3. I understand that there are risks and benefits associated with undergoing a diagnostic test for COVID-19 and there may be a potential for false positive or negative test results. I acknowledge that a positive test result is an indication that I/my child must self-isolate and/or wear a mask or face covering as directed in an effort to avoid infecting others, and that I/my child may be held out of school until it is deemed safe for me/my child to return.

4. By voluntarily undergoing the COVID-19 diagnostic test, I am also voluntarily authorizing the disclosure of my/my child's test results to Douglas County School District Re-1, including but not limited to the Douglas County School District Re-1 employees or agents who conduct the collection, testing, and analysis of my/my child's COVID-19 diagnostic test. I acknowledge that Tri-County Health Department and the Douglas County School District Re-1 will maintain my/my child's test results in its database and that any testing information disclosed may be subject to redisclosure as required by law. I understand that my/my child's test results will be used to address the health and safety of students, staff, and visitors through medical surveillance of COVID-19 cases at all schools.

5. I acknowledge that neither Douglas County School District Re-1 nor its employees or agents administering my/my child's diagnostic test are acting as my/my child's medical provider and that testing does not replace treatment from a medical provider. I assume complete and full responsibility to take appropriate action with regards to my/my child's test results.

(SIGNATURE PAGE ON OTHER SIDE)

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Release:

I agree, personally and on behalf of my minor child named above, to release, discharge, and hold harmless, Douglas County School District Re-1 including, without limitation, its board members, officers, directors, employees, representatives, agents, and authorized volunteers from any and all claims, losses, liabilities, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my/my child's COVID-19 diagnostic test.

By signing this Informed Consent and Release for COVID-19 Diagnostic Testing, I acknowledge that I have read, understand, and agree to the statements contained within this Informed Consent and Release form. I have been informed about the purpose of the COVID-19 diagnostic test, procedures to be performed, and the potential risks and benefits of the test. I have been given an adequate opportunity to read this form and to ask questions before proceeding or allowing my child to proceed with the COVID-19 diagnostic test. I voluntarily consent to undergo or to allow my minor child to undergo diagnostic testing for COVID-19. The authorization to disclose diagnostic testing results in effective immediately. I have a right to request and receive a copy of this Informed Consent and Release for COVID-19 Diagnostic Testing.

_____ _____
(Signature) (Printed Name)

_____
(Date)

_____ _____
(Signature of Parent/Legal Guardian) (Printed Name)

_____
(Date)

_____ _____
(Print Minor's Name - *Last, First, Middle initial*) (Minor's Date of Birth - MM/DD/YYYY)

_____
(Relationship to Minor Child)