

COVID-19 Minor Testing Consent Form

A minor 15 years of age or older may consent to COVID-19 testing as ordered by the Oregon Health Authority under ORS 109.640(2)(a).

To be completed by student ages 15-18

Student information

You will be notified with test results.

Student name:	Mobile number:
Email address:	
Home address:	City:
ZIP code:	County:
Date of birth(MM/DD/YYYY):	Grade level:

Consent

By completing this form and returning it to my school, I confirm that I consent to allow myself to be tested for COVID-19 during the 2021-2022 academic school year. I may be tested for COVID-19 in three circumstances: (1) if I develop new symptoms of COVID-19 while at school; (2) if I am exposed to COVID-19 in a school group and the local public health department recommends testing; (3) once a week screening testing for COVID-19. I understand that I may consent to any or all types of testing.

I understand that COVID-19 testing is optional and that I may refuse to give consent, in which case, I will not be tested. I understand that my school may require me to stay home from school if I am feeling unwell.

I understand that an independent laboratory acting on behalf of my school will conduct the weekly screening testing. I understand that in order for weekly screening testing to be performed at an independent laboratory, certain personal information will need to be communicated to the laboratory for purposes of administering the program, and only to the extent necessary to administer the program, including my name, date of birth, and school cohort.

I understand that the Oregon Health Authority (OHA) has made these tests available through a standing order. I understand that neither OHA or the school is acting as my healthcare provider and that this testing does not replace treatment by my healthcare provider. I assume complete and full responsibility to take appropriate action regarding my test results, which means to seek medical advice, care, and treatment from a health care provider if necessary, or to speak with my parent and/or guardian if I need help understanding what to do after receiving my test results.

I understand that there is a possibility of false negative COVID-19 test results and that I could still be infected with COVID-19 even if the test result is negative. I also understand that if I test positive for COVID-19, the test result will be reported to the local public health authority as required by law. If I test positive, my parent and/or guardian may be informed of my results under ORS 109.650.

Personal health information will not be released without written consent except when required by law.

- I give permission for school staff to test me for COVID-19 if new symptoms develop at school.
- I give permission for school staff to test me if I am exposed to COVID-19 within my school cohort and testing is recommended by the local public health authority.
- I give permission to participate in weekly screening testing for COVID-19.

Signature of Student

Date

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhsosha.state.or.us. We accept all relay calls or you can dial 711.