

**PARENT/GUARDIAN AUTHORIZATION FOR ADMINISTRATION OF COVID-19 TEST
DURING SCHOOL**

By completing and signing this form, I confirm that I am the appropriate parent and/or guardian and that I authorize _____ (designated provider) to perform a COVID-19 test on my student during school hours on _____ (date). I understand that authorizing a COVID-19 test for my student is optional. I can refuse to sign this authorization.

NAME OF STUDENT: _____ DATE OF BIRTH _____

ADDRESS: _____ TELEPHONE #: _____

Demographic Information:

The Department of Public Health is collecting the demographic information requested below. This form may be updated periodically, please check the DESE website for the most recent version of the form.

What is the student's race? (Select all that apply):

- _____ American Indian/Alaskan Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian/Pacific Islander
- _____ White
- _____ Other
- _____ Unknown

Is the student of Hispanic origin? (Select one):

- _____ Yes
- _____ No
- _____ Unknown

What is the student's gender? (Select one):

- _____ Male
- _____ Female
- _____ Transgender
- _____ Unknown

Does the student have a disability? (Select one):

- _____ Yes
- _____ No

Is the student pregnant?

- _____ Yes
- _____ No

What is the student's primary language? _____

Emergency Contact:

In case of emergency, please notify:

Name

Relationship to student

Address

Telephone number

Parent/Guardian attendance at test (optional):

Please select one:

_____ I will accompany my student in the mobile rapid response unit on the day of the COVID-19 test. I understand that I must wear a face/mask covering at all times and that I am not permitted to get tested.

_____ I will not accompany my student in the mobile rapid response on the day of the COVID-19 test.

Test Results (please initial):

_____ I recognize that the designated provider named above will share test result with the student's parent/authorized representative and will report that result to the appropriate public health authority (the Massachusetts Department of Public Health and/or the student's local board of health) as required by state law.

Parents and guardians are encouraged to share the test results with the school department in order to promote public safety.

By signing, I confirm that my student is not showing signs of COVID-19 symptoms (such as fever, congestion, or nausea), and I have not been notified that my student was in close contact with anyone confirmed to be positive with COVID-19.

Authorized Signatory:

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date