



# **Labette County Schools**

## **USD 506**

### **Consent to COVID-19 Test**

Please carefully read and provide written acknowledgment of the following informed consent:

- a. I authorize a COVID-19 testing administrator associated with the school district, local health department or state health department to conduct collection and testing for COVID-19 through a nasal swab collection as ordered by an authorized medical provider or public health official.
- b. I authorize my test result, or the test result of my child if my child is under the age of 18 years, to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- c. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- d. I give permission for the Labette County Health Department and USD 506 to contact me using non-secure methods (e-mail) regarding this COVID-19 test result, and I understand the risks involved.

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Print Student's Name

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Signature of student or parent (if student is under age 18)

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Date