

SURREY PUBLIC SCHOOL

BINAX TESTING PERMISSION FORM-STUDENT

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

Parent/Guardian Information

PLEASE FILL OUT ONE FORM PER STUDENT

You will be notified with test results either via cell phone or email, or both.

Parent/Guardian

Name:

Parent/Guardian

Phone #:

Parent/Guardian

Email Address:

Student Information

Student Name:

Student ID #:

Street Address:

City:

State:

Zip Code:

County:

School:

**Grade
Level:**

Date of Birth:

(MM/DD/YYYY)

Age:

Race/Ethnicity:

- Asian Hispanic Native
 American/Indigenous Black
 White Unknown

Gender:

- Male Female
 Other/Unknown

CONSENT

By signing below, I attest that:

- A. I authorize the District or its designee to conduct collection and testing of my child or me (student 18 years or older) for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my child or me (student 18 years or older), must self-isolate, and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand that this test is completely voluntary, is being provided as a courtesy, and is not required by the District for enrollment or education purposes.
- D. I understand the District is not acting as my child's or my (student 18 years or older) medical provider, this testing does not replace treatment by my child's or my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's or my test results. I agree I shall seek medical advice, care, and treatment from my child's or my medical provider if I have questions or concerns, or if their/my 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.
- F. I understand that my child's or my (student 18 years or older) test results and information will be disclosed to the appropriate public health authorities as required by law.
- G. I understand that my child or I (student 18 years or older) may be tested at multiple times during the 2020-2021 school year.
- H. I understand that this consent form will be valid through June 30, 2021, unless I revoke such consent in writing.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this COVID-19 Consent Form. 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. I voluntarily agree to this testing for COVID-19.

Signature of Parent/ Guardian:		Date:	
Signature of Student: <i>(if student age 18 or older)</i>		Date:	

FOR DISTRICT USE ONLY			
Administered By:	Date:	Time:	Results:

Disclaimer

The District shall take reasonable precautions for the safety of all students. Neither the test administrator, the District nor its employees are liable for any accidents, injuries, or other damages that may occur to your child or you arising out of or in any way connected to this consent or the administration, evaluation, results of the BinaxNOW rapid antigen test for the COVID-19 virus.