

CONSENT FOR COVID-19 TESTING OF MINOR CHILD

We at _____ want to offer you free COVID-19 testing to help keep our community safe.

The COVID-19 worldwide pandemic is still a national emergency. To help protect people in our local community, _____ will follow guidance from the U.S. Centers for Disease Control and Prevention (CDC) and other state and local public health authorities for COVID-19 testing.

Knowing if you have COVID-19 can help you make decisions to protect yourself and other people in your family and community.

We hope that you will agree to take a COVID-19 test. This test is free for you. The test does not include any medical processes that should pose a major risk for you.

WHAT YOU NEED TO KNOW

- **How is the sample collected?** There are two possible methods:
 - Nasal Swab Sample: The testing involves collecting one or more nasal swabs. We will tell or show you the safe way to collect the swab. We will give you a swab kit. You can gently wipe the inside of your nose with the swab to collect the swab. Most people do not have problems with nasal swabs, but some people may bleed slightly or feel faint or sick. If this happens to you, we will want you to stay with us for a few minutes to be sure that the bleeding has stopped or that you feel better.
 - Saliva Spit Sample: We will ask you to provide a sample of your saliva (or “spit”). We will give you a sample kit. Have a small drink of water, then do not eat, drink, smoke, vape or chew anything for at least 30 minutes before you collect the sample. When you are ready, you can allow saliva to collect in your mouth, then fill the sample container to the level shown. Screw the cap on tightly. The saliva sample can be quickly and safely collected within a minute and does not present any physical risk to you.
- **Testing the swab or saliva sample for SARS-CoV-2.** We will take your swab or saliva sample and send it to a qualified lab that will test it for SARS-CoV-2. The lab will use a test called a “molecular amplification assay” to see if the sample contains evidence of SARS-CoV-2, the virus which causes COVID-19.
- **What constitutes evidence of the virus?** If a person is infected with SARS-CoV-2, the virus makes copies of itself in the body. These are markers of the virus. The lab test quickly identifies the presence of SARS-CoV-2, the virus that causes COVID-19.
- **How will I be told about testing results?** The testing results will usually be ready within 2-3 business days from the time the test was taken. If you signed up for the Guardian/Participant portal, you will be able to view your results in the portal. Otherwise, the Health Provider who ordered the test will tell you if your test result is positive for presence of the virus. The Health Provider will not contact you if your test result is negative.
- **What are the possible risks and benefits of the test?** As with any test, sometimes there may be a false positive or false negative result. The test result itself is not a clinical diagnosis of SARS-CoV-2 infection. A formal diagnosis of COVID-19 can only be made by your healthcare provider after they look at all clinical and lab findings. This testing is for you to be aware and to help protect you, your family and community.

- **Will the test result be kept confidential?** Test results will be kept as private as possible but will be known to the Midwest Coordination Center, the qualified lab and to the _____. Federal and state public health agencies and/or local Department(s) of Public Health may require that the Midwest Coordination Center or the qualified lab report any positive test results. If your test result is positive, this reporting requirement could identify you.
- **What will be done with my nasal swab or saliva sample?** After all testing is done and your results have been given to you, your nasal swab or saliva sample will be retained for 2 to 7 days, depending on the laboratory.

FOR MORE INFORMATION

- For more information about the collection and “assay” testing processes, please see the **Fact Sheet** (Patients), **Fact Sheet** (Health Care Providers) and visit _____.
- If you have questions about the testing or this consent form, please contact _____ at the _____.

CONSENT OF PARENT OR GUARDIAN

I have read and understood the information in this Consent form about COVID-19 testing. I have had the chance to ask questions and have been given the answers I needed.

I have been provided a copy of the Midwest Coordination Center HIPAA Notice of Privacy Practices.

I authorize _____ to:

- show or help my minor child to collect their nasal swab or saliva sample,
- have my child’s swab or saliva sample tested through an approved SARS-CoV-2 test process, and
- communicate about the test results with the approved testing lab, Midwest Coordination Center, or any required federal, state, or local agencies that have the legal authority to obtain testing results that may identify me.

Student Name: _____

Parent/Guardian _____

Signature: _____

Parent/Guardian _____

Printed Name: _____

Date: _____

Witness: _____