

COVID-19 General Consent Form

To be completed by student parent or guardian

Parent/Guardian Information *(You will be notified with test results.)*

Parent/Guardian print name:

Parent/Guardian mobile number:

		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			

COVID-19 General Consent Form

Consent

- I give permission for school staff to test this student(s) for COVID-19 if new symptoms develop at school.
- I give permission for school staff to test this student(s) if they are exposed to COVID-19 within their school cohort and testing is recommended by the local public health authority or school.

Signature of Parent/Guardian _____

Date _____

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the COVID Feedback Team at 503-945-5488 or email feedback@odhsoha.oregon.gov. We accept all relay calls.