CONSENT FORM FOR COVID-19 TESTING

The Epstein School is now offering a voluntary regular COVID-19 screening program for students and school-based staff. This program uses Mako Medical Laboratories ("Mako") as their testing partner. All participants must grant consent to enroll in the program. For minor students The Epstein School will only administer this test with consent from parent/guardians. Adults may provide direct consent. Please complete this form to grant your consent for testing. Any questions can be addressed to The Epstein School nurses: nurses@epsteinatlanta.org.

TO BE COMPLETED BY PARENT, GUARDIAN, OR EMPLOYEE

Parent/Guardian/Employee Information

You will be notified if you test positive either via cell phone or email.

Parent/Guardian or Employee Print Name: _____

Parent/Guardian or Employee Mobile #: _____

Street Address: _____

City : _____

State & Zip code: _____

County of Residence: _____

If you are completing form for minor students please list names, date of birth, and grade below:

Student 1 Name: _____ DOB: _____ Grade: _____

Student 2 Name: _____ DOB: _____ Grade: _____

Student 3 Name: _____ DOB: _____ Grade: _____

Student 4 Name: _____ DOB: _____ Grade: _____

If you are completing form as an employee please include date of birth (DOB): _____

Student or Employee Race/Ethnicity: ☐ Asian ☐ Hispanic ☐ Native American/Indigenous ☐ Black ☐ White ☐ Unknown ☐ Decline to answer

Student or Employee Gender: ☐ Male ☐ Female ☐ Other ☐ Decline to answer

CONSENT

By signing below, I attest that:

A. I authorize The Epstein School to conduct specimen collection and testing of my student (if minor student) or me for COVID-19 by nasal swab.
B. I Authorize Mako to share test results from my student's specimen collected by the School to the School.
C. I acknowledge that a positive test result is an indication that my student (if minor student) or I may have the COVID-19 virus and he/she or I must follow The Epstein School's protocol for positive results.
D. I understand that The Epstein School is not acting as my or my student's medical provider; that this testing does not replace treatment by my or my student's medical provider; and I assume complete and full responsibility to take appropriate action concerning my or my student's test results. I agree to seek medical advice, care, and treatment from my or my student's medical provider if I have questions or concerns, or if my or his/her condition worsen.
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/we acknowledge that even though the results may be negative, this does not mean that my student cannot contract the virus in the future and that my student will follow all safety and health procedures established by the School to prevent the spread of COVID-19.
G. I/we understand and acknowledge that the results of this test will be kept confidential to the greatest degree possible, except that the results will provided to appropriate Epstein School personnel who have a need to know this information and, if required, to public health officials.
H. I have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent from The Epstein School. I understand that Mako is not responsible for providing the school's program information. I have been given the opportunity to ask questions before I sign, and I may ask additional questions at any time.
I. I understand that this consent is for regular testing and can be revoked by contacting The Epstein School's nurses (nurses@epsteinatlanta.org).
J. My consent for this screening test for COVID-19 is knowing and voluntary.

Parent/Guardian or Employee Signature: _____

Date Signed: _____