

Prince George's County Public Schools

COVID-19 Parental Consent for Testing and Release of Information

Student Name:

Student ID Number:

Parent Phone #:

DOB:

Grade:

Alt. phone #:

School:

Date:

Parent email:

PLEASE CAREFULLY READ, INITIAL AND SIGN THE FOLLOWING INFORMED CONSENT:

This consent form authorizes your child to be tested for SARS-CoV-2, the virus that causes the novel coronavirus COVID-19. The test is done by inserting a small swab into your child's nose to collect cells that may contain evidence of viral infection. By signing this form you agree that you have the legal authority to give consent for this minor to be tested for COVID-19 in Prince George's County Public Schools.

The symptoms of COVID-19 include cough or shortness of breath, difficulty breathing, new loss of taste or smell, fever of 100.4 degrees or higher, chills, shivering, muscle aches, sore throat, headache, fatigue, congestion or runny nose, and gastrointestinal symptoms (nausea, vomiting or diarrhea).

This consent extends to all COVID-19 testing performed during the 2021- 2022 academic year unless written withdrawal of consent is provided. By signing this form, I agree to the following for my child: (Please initial next to each statement and sign the bottom).

a. I authorize Prince George's County Public Schools to conduct collection and testing (Rapid POC test and/or PCR test) for COVID-19 through a nasal swab.

b. I authorize my child's test results to be disclosed to the county, state, or to any other governmental entity as may be required by law. The results will be entered into CRISP (Maryland's Health Information Exchange) and SHERe (PGCPS electronic medical record system). PGCPS will not share any information that violates HIPPA and FERPA.

c. I acknowledge that a positive test result is an indication that my child must isolate and will be excluded from entering a PGCPS building until the isolation period is complete per CDC guidelines or Maryland Department of Health/MSDE.

d. I understand that Prince George's County Public Schools is **not** acting as my medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action when I receive my child's test results. I agree I will seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if my child's condition worsens.

e. I understand that there will be no out-of-pocket cost for this testing.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. 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.

Check one and sign below.

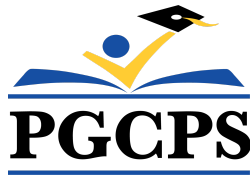
_____ I voluntarily consent to have my child tested for COVID-19.

Print Name

Relationship to student/child

Signature

Date



**Prince George’s County Public Schools
COVID-19 FERPA NOTICE**

Student Name:
DOB:
School:

Student Identification Number:
Grade:
Date:

Disclosure of Information Protected by the Family Educational Rights and Privacy Act by Prince George’s County Public Schools to Maryland’s Health Information Exchange (CRISP)

Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 C.F.R. part 99), the written consent of a parent or eligible student is required before the education records of a student, or personally identifiable information contained therein, may be disclosed to a third party, unless an exception to this general requirement of written consent applies. If a student is age 18 years or older, or is enrolled in an institution of postsecondary education, he or she is an “eligible student” and must provide written consent for the disclosure of his or her education records or personally identifiable information contained therein.

I, hereby agree to allow Prince George’s County Public Schools to disclose the following personally identifiable information or education records:

- COVID-19 testing results will be entered in Maryland’s Health Information Exchange (CRISP) and the student’s electronic health record.
- You may withdraw your consent to share this information at any time. A request to withdraw your consent should be submitted in writing and signed.

Signature of Parent, Guardian, or Eligible Student

Date



**Prince George's County Public Schools
COVID-19 Student Assent**

Student Name:

Student Identification Number:

DOB:

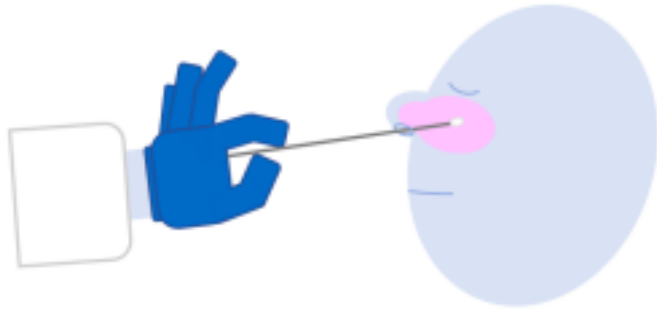
Grade:

School:

Date:

What is a COVID-19 test?

A nurse will put a swab (like a very long Q-tip) into your nose. It might seem like the swab is going too far up your nose, but this is the right way to do the test.



Will it hurt?

The swab in your nose might hurt, but it is quick and the hurt should go away soon. It is important to not move your nose.

Do you have any questions?

You can ask questions any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else.

- Student agrees to be tested**
- Student uncooperative/unable to participate/unable to tolerate**
- Student refuses to be tested**

SIGNATURE OF PERSON CONDUCTING ASSENT DISCUSSION I have explained the study to _____ (print name of child here) in language they can understand, and the child has agreed to be in the tested.

Signature of Person Conducting Assent Discussion

Date

Name of Person Conducting Assent Discussion (print)

Signature of child/student _____