

526 B Street ♦ Davis, CA 95616 ♦ (530) 757-5300 ♦ FAX: (530) 757-5323 ♦ www.djUSD.net

COVID 19 TESTING AUTHORIZATION

Student Name: _____ ID#: _____ Birthdate _____

Address: _____

School: _____ Grade: _____ Teacher: _____

Parent/Guardian Phone: (H) _____ (W) _____ (C) _____ (Emergency) _____

IMPORTANT INFORMATION

In support of the health and safety of our students, our employees and volunteers, and our school district families, we are offering *free* COVID 19 testing for all students. Testing is **not** required, but we urge you to take advantage of this opportunity for testing to support the best interests of all members of our community. Participation in this program, which is a privilege and not a right, and may be halted at any time, for any reason, is subject to the following agreements:

1. The testing will be conducted by individuals authorized by law to conduct such testing, but who are not school district employees. The testing may be conducted by one or more groups, employees or volunteers of other public agencies, public health groups, private health practitioners, or authorized groups.
2. Neither the student nor I (as the authorizing parent/guardian) are entering into a physician-patient relationship with any testing agency or individual, even when test results might be delivered or shared. No medical diagnosis, prognosis, or treatment, or care will be provided. You are encouraged to seek medical advice or guidance from a personal physician or health care provider, or public health officer, for any questions or concerns you may have regarding this test, its potential results, or any potential care or treatment.
3. In the event of a positive COVID test result, I authorize the testing provider to share the minor's name, contact information provided, and the minor's test results with the school district's Associate Superintendent of Student Services and, if appropriate local or county health officials. For both positive and negative test results, the testing provider is authorized to share with regulatory agencies as required or authorized by law, to transmit in a secure manner (including methods that might be required by the California Department of Public Health law) information regarding the following identifying information: (a) student name/my name; (b) telephone/email contact information; (c) date of birth; (d) gender/race, and residence address information. In the case of notification to the school district of a positive result, the school district shall apply safety and health protocols as adopted or required by law, ordinance, or school district policy.
4. Neither the school district, the testing provider, nor any supporting or sponsoring agency ("testing parties") warrants or guarantees that the testing results will be accurate or provided with any specific time period. This voluntary testing procedure is undertaken subject to a full and knowing release of any potential future claim or cause of action against the testing parties, their boards of directors, owners, officers, employees and/or volunteers, with this waiver and release to be given the broadest interpretation and application as allowed by law in support of this public health initiative.

By signing below: (1) I am confirming my understanding of all terms and conditions above, the agreement to those terms and conditions, and the absence of any question or reservation; (2) that I have the authority (as parent/guardian/adult student) to authorize this testing.

Dated: _____

Printed Name of Parent/Guardian/Adult Student _____

Signature of Parent/Guardian/Adult Student _____