



**Santa Cruz County Office of Education
Outdoor Science School**



Informed Consent for COVID-19 Diagnostic Testing

I voluntarily consent and authorize the Santa Cruz County Outdoor Science School to conduct collection, testing and analysis for the purposes of COVID-19 diagnostic tests on my child named below.

I acknowledge and understand that the COVID-19 diagnostic test used at the Outdoor Science School is a rapid home antigen test and will require the collection of an appropriate sample through an anterior nasal swab.

I assume complete and full responsibility to take appropriate action with regards to test results. Should I have questions or concerns regarding student test results or physical condition, I shall promptly seek advice and treatment from an appropriate medical provider.

I understand there will be no cost or out of pocket fee, to the student, parent/guardian or medical insurance for this rapid home antigen test.

I understand that signing this form authorizes the Santa Cruz County Outdoor Science School to test my child named below if they present with symptoms consistent with COVID-19.

Name of Student: _____ Birth Date: _____

Printed Name of Parent or Legal Guardian: _____

Signature of Parent of Legal Guardian: _____ Date: _____