



Newport News Public Schools COVID-19 Testing Consent Form for Minors



Student Information

Last Name:		First Name:	Middle Name:	Birth Date: _/_/____
School:		Activity/Sport:		
Address: (Not a PO Box)	Street: _____			
	City: _____	State: _____	Zip: _____	
Parent phone:		Parent email:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Nonbinary <input type="checkbox"/> Prefer not to answer
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Stated				Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

By completing and submitting this form, I confirm that I am the appropriate parent / legal guardian to provide consent, and that I authorize the collection of specimens necessary to conduct COVID-19 testing on my student during school hours or in connection with school attendance/ a school activity. I understand that authorizing COVID-19 testing for my student is optional and that I can refuse to give this authorization, in which case, my student will not be tested. COVID-19 screening testing will be conducted using a pooled PCR testing method. Screening testing will be conducted by a contracted vendor. Any needed confirmatory or "follow-up" testing will be conducted by either contracted vendor.

Newport News Public Schools will maintain a copy of this consent form according to existing state and federal records retention laws and will only provide COVID-19 Testing to students who have a completed consent form on file.

Consent and Data Sharing (please initial):

___ I authorize the collection of specimens to conduct pooled COVID-19 tests on my student as part of a COVID-19 screening testing program. I understand this test will be provided at no cost to my student or me. I understand that aggregate pooled test results for any pool of which my student is a member will be reported to designated school personnel, and may be reported to me and to the Virginia Department of Health (without information that would identify my student).

___ If my student is a member of a pool that returns a positive result, I authorize the collection of specimens to conduct individual follow-up tests on my student. I understand this testing will be provided at no cost to my student or me. I understand that my student's individual test result will be reported to designated school personnel and me, and will be reported to the Virginia Department of Health, in accordance with state law.

Authorized Signatory:

I understand that I can change my mind and cancel this permission at any time. To cancel this permission for COVID-19 testing, I need to contact Kisha Thompson via email at kisha.thompson@nn.k12.va.us.

Printed Name of Student

Student Signature

Date

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date