

LONGVIEW PUBLIC SCHOOLS

COVID-19 STUDENT TESTING CONSENT FORM

STUDENT PARTICIPANT INFORMATION

Student's Full Name: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

PLEASE CHOOSE ONE OF THE BELOW OPTIONS:

☐ **Yes, I agree:** I give my consent for my child to be tested for COVID-19. I understand this allows my child to be tested at my student's school and personal submission of the test results to the district.

IF YOU CHECKED "YES" ABOVE, PLEASE SIGN BELOW:

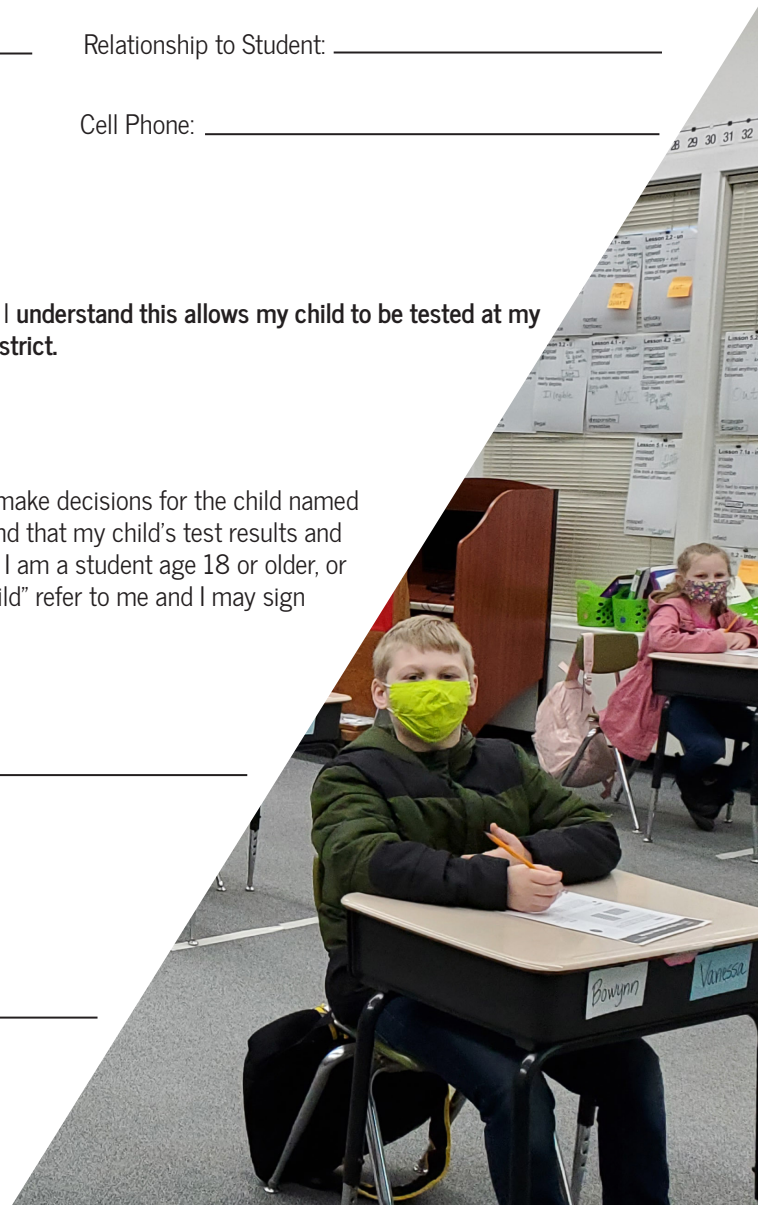
I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above. I consent for my child to be tested for COVID-19 infection. I understand that my child's test results and other information may be disclosed as permitted by law. I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.

Signature of Parent/Guardian: _____
(if child is under age 18)

Date: _____

Signature of Student: _____
(if age 18 or over or otherwise authorized to consent)

Date: _____



The Longview School District is an Equal Opportunity district in education programs, activities, services, and employment. Longview School District does not discriminate on the basis of race, creed, color, religion, sex, national origin, marital status, sexual orientation, including gender expression or identity, age, families with children, honorably discharged veteran or military status, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal. We provide equal access to the Boy Scouts of America and other designated youth groups. We also comply with Section 504 of the Rehabilitation Act of 1973, Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, the Americans with Disabilities Act of 1990, the Civil Rights Act of 1964, the Age Discrimination in Employment Act, Older Worker Protection Act, and all other state, federal, and local equal opportunity laws. If you have a physical or mental disability that causes you to need assistance to access school facilities, programs, or services, please notify the school principal. This district endeavors to maintain an atmosphere free from discrimination and harassment. Any person who believes he or she has been discriminated against should contact the appropriate administrator or the following district designee: Title IX Coordinator and Civil Rights Compliance Coordinator, Tony VanderMaas, Assistant Superintendent, 360-575-7200, tvandermaas@longview.k12.wa.us