



**COVID-19 TESTING CONSENT FORM**

Student Name: \_\_\_\_\_ SID: \_\_\_\_\_

School Attending: \_\_\_\_\_

Clovis Unified School District (District) is making tests for COVID-19 available to students currently enrolled in the District. A District student who is 18 years or older and any parents of a student who is under 18 may contact their school for information regarding the availability of the tests and the times and locations where tests are administered.

If a student has a positive test for COVID-19, he/she must adhere to applicable public health orders and guidance, including the COVID-19 Public Health Guidance for K-12 Schools in California, 2021-2022 School Year issued by the California Department of Public Health regarding quarantine and isolation, which guidance may be found at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>.

By signing below, I represent that I am a student who is 18 years or older or the parent/guardian of the student listed above and have the authority to consent to COVID-19 testing for the student. I consent to the testing of the student for COVID-19 and the release of the test results to the District for the purpose of determining whether the student has tested positive for COVID-19 and as otherwise authorized by public health orders and guidance, and applicable laws.

**This COVID-19 Testing Consent Form is effective on the date stated below and shall continue in effect until and including the last day of school on June 3, 2022. This Consent Form shall be provided to the person who is administering the COVID-19 test to the student. A student and/or parent may be requested to provide written identification.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Mark One:  Student Over Age of 18 Years  
 Parent/Guardian