

**ACKNOWLEDGMENT AND CONSENT TO
COVID-19 SCREENING PROCEDURES AND DISCLOSURE OF RESULTS POLICY**

Student Legal Name:
Student Date of Birth:
Student Gender:
Student Identification Number (if applicable):
Student Grade Level:

Student School:

I hereby provide my consent to Denver Justice High School's COVID-19 screening procedures, and to the disclosure of my child's antigen and/or polymerase chain reaction (PCR) testing results, as follows:

1. **Consent to COVID-19 antigen and/or PCR testing.** I voluntarily consent and authorize **Denver Justice High School** and the Colorado Department of Public Health and Environment (CDPHE)-designated laboratory vendor to conduct collection, testing, and analysis for the purpose of performing a COVID-19 antigen test for my child. I understand that the COVID-19 antigen test will require the collection of an appropriate sample by a healthcare provider through an anterior nasal swab, or other approved procedure. I understand that there is a potential for false positive or false negative test results. I understand that if my child receives a positive test result, it is my complete responsibility to take appropriate actions such as isolating and seeking medical attention for my child. I agree that if I have questions or concerns about my child's test results, or a worsening of my child's condition, I will promptly seek advice from an appropriate medical provider for my child. I further understand that my child may feel discomfort and/or gag during the collection of the COVID-19 sample, and that the collection process may also cause coughing, sneezing, or bleeding.

If a PCR test is deemed necessary by the Colorado Department of Public Health and Environment (CDPHE), I consent and authorize **Denver Justice High School** and the CDPHE-designated laboratory vendor to conduct collection, testing, and analysis for the purpose of performing a COVID-19 PCR test on my child. I understand that the above statements relating to sample collection, the possibility of false positive and/or false negative results, and the possible need to seek medical advice for my child for the COVID-19 antigen test shall also apply to my child's receipt of a PCR test.

2. **Authorization to disclose COVID-19 antigen screening results and, if necessary, PCR test results to Denver Justice High School.** I understand and agree that my child is being provided with a COVID-19 antigen test (and possibly a PCR test), to be conducted by **[School]**, for the purpose of identifying possible COVID-19 infection. I hereby voluntarily authorize and request **Denver Justice High School** and its designated laboratory vendor to use and disclose individually identifiable health information that relates to my child's COVID-19 antigen screening and, if applicable, my child's PCR test, including my child's name, the date of testing, and test results, to:

Denver Justice High School

300 East 9th Avenue

Denver, CO 80203

303-480-5610

I request a copy of all COVID-19 test results be emailed to me at:

_____ or, if email is not available, results reported via

telephone to: () - .

3. **Authorization to disclose COVID-19 antigen and PCR test results to government authorities.** I acknowledge and agree that **Denver Justice High School** may disclose my child's COVID-19 antigen and/or PCR test results and other necessary information to county, district, or state public health entities as required by law.

4. I understand that my child's personal information provided to and accessible by **Denver Justice High School** and its designated laboratory vendor in connection with my child being screened for COVID-19 and taking a COVID-19 antigen and/or PCR test will be used and disclosed by **Denver Justice High School** and its designated laboratory vendor only as permitted by applicable law.

5. If my school has not opted out of student incentives, I understand that my child will be eligible to receive a financial incentive for participating in this program. To learn if my school has opted out of student incentives, I may contact my school administration for additional information. The incentive(s) will be based on a per test completion (no more than one incentive per week). The incentive(s) will be provided via a gift card or prepaid card which will be mailed to the address provided below. Gift card(s) or prepaid card(s) will be issued to my child that will be loaded/reloaded on a monthly basis – for the prior month's tests. The gift card or prepaid card will provide the terms and conditions, contact information and ways to check card balances from the vendor. I understand that this gift card or prepaid card cannot be used to purchase any alcohol, tobacco, firearms, explosives or gambling items. I understand that if my child's gift card or prepaid card is lost or stolen, I will need to report it immediately to the vendor providing the gift card or prepaid card. If I would like to opt out my child from receiving student incentives, I will need to do so on the "Student incentives opt out form for parents" form at the following link: <https://covid19.colorado.gov/free-testing-schools>

By signing below, I acknowledge and agree that

(i) I have received, reviewed, and understand this form in its entirety (and have had ample time to do so);

(ii) I am executing this form knowingly, freely, and voluntarily;

(iii) I will comply with any and all [School] policies, procedures, protocols, and/or requirements related to or arising out of any of the matters covered or described in this form, as well as any policies, procedures, protocols, and/or requirements maintained by any

vendor or other third-party engaged by [School] to implement the procedures enumerated herein; and

(iv) to the extent this form conflicts in any way with any applicable law, rule, or regulation, such law, rule, or regulations shall control and govern.

Signature of Guardian/Parent:

Name of Guardian/Parent:

Guardian's/Parent's Telephone Number:

Student's Address:

Street Address or P.O. Box

Apt, Unit, Building (optional)

City

State: CO

Zip Code:

Date:

If you have any questions about this document, please contact:

Mr. Parce, Principal

Stephen.Parce@denverjustice.org

303-480-5610 ext 7004 Voice