

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

Student Legal Name First: \_\_\_\_\_ Last: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Student Gender: \_\_\_\_\_

Student Identification Number (if applicable): \_\_\_\_\_

Student Grade Level: \_\_\_\_\_

Student School: West Jefferson Middle School

**I hereby provide my consent to West Jefferson Middle 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 West Jefferson Middle 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 West Jefferson Middle 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 West Jefferson Middle 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 West Jefferson Middle School, for the purpose of identifying possible COVID-19 infection. I hereby voluntarily authorize and request West Jefferson Middle 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:

School Name: West Jefferson Middle School  
School Address Line 1: 9449 S Barnes Ave  
School Address Line 2: Conifer, CO 80433  
School Telephone Number: 303-982-3056

**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 West Jefferson Middle 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 West Jefferson Middle 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 West Jefferson Middle School and its designated laboratory vendor only as permitted by applicable law.

5. I understand that my child will receive a financial incentive for participating in this program. 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 which will be mailed to the address provided below. One gift card will be issued to my child that will be loaded/reloaded on a monthly basis – for the prior month's tests. The initial gift card will provide the terms and conditions, contact information and ways to check card balances from the vendor. I understand that this gift card cannot be used to purchase any alcohol, tobacco, firearms, explosives or gambling items. I understand that if my child's initial gift card is lost or stolen, I will need to report it immediately to the vendor providing the gift card.

**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 West Jefferson Middle 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 West Jefferson Middle 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:

**West Jefferson Middle School  
303-982-3056**