

INFORMED CONSENT TO TEST STUDENTS FOR COVID-19

PURPOSE OF INFORMED CONSENT FOR COVID-19 TESTING

This consent seeks to request your authorization to perform antigen tests for COVID-19 on your child or the minor in your legal custody or guardianship (hereinafter “student”), as part of the strategies to prevent the transmission of COVID-19 in schools, specifically in the one you enrolled the student for the 2022-2023 School Year.

The **Puerto Rico Department of Health (PRDH)** will visit the following **SCHOOL**: _____.

INFORMATION EXCHANGE NOTICE

Public Law # 104-191 from 1996, as amended, known as the Health Insurance Portability and Accountability Act (HIPAA), requires all covered entities protect individual's health information. This is defined as protected health information (PHI) and allows certain information to be shared between some of Puerto Rico government agencies and service providers, including the PRDH, the School District, Department of Education, and the medical personnel in taking samples. This information will be shared solely for public health purposes, which may include notifying your child’s close contacts who might have been exposed to COVID-19 to take other actions to prevent COVID-19 transmission at their school. Student information that may be shared includes name and COVID-19 test results, date of birth, age, gender, school name, teacher(s), classroom/cohort/group, enrollment history, attendance, and extended hours at school or after school programs, names of other family members or guardians, address, phone number, and email address. The exchange of your child’s information will be carried out according to the applicable laws and policies that protect the child’s privacy and security of the data. Both PRDH and the Department of Education are committed to providing security and privacy of PHI in accordance with the legal relationship created by virtue of this matter.

I certify that I have read and understood the above.

Signature of parent/legal tutor, guardian, or emancipated student _____ Date _____

TO BE COMPLETED BY PARENT, LEGAL TUTOR OR GUARDIAN, OR EMANCIPATED STUDENT

Student Information	
Child/Student Name (Print)	
Date of Birth (MM/DD/YYYY)	
Physical Address	
Parent/Legal Tutor/Guardian Information	
Parent/Legal Tutor Name (Print)	<input type="checkbox"/> Father/Mother <input type="checkbox"/> Legal tutor <input type="checkbox"/> Guardian
In case of my absence, I authorize:	Relationship:
Phone number(s)	
Email	
Physical Address	
Best way to contact you:	<input type="checkbox"/> Phone call <input type="checkbox"/> Text message <input type="checkbox"/> Email <input type="checkbox"/> Other, specify: _____

INFORMED CONSENT TO TEST STUDENTS FOR COVID-19

AUTHORIZATION

With my signature, I attest to:

- have read and understood this form freely and voluntarily, and I am legally authorized to make decisions for my child mentioned above.
- understand that my child might be tested for COVID-19 in multiple occasions during the school year, which begins in **August 2022** and ends on **July 31, 2023***.
- understand that testing will take place on days scheduled by the Puerto Rico Department of Health.
- understand that this consent will be valid until **July 31, 2023***, unless I notify the School's Health Authority **in writing** that I revoke it.
- understand that my child's test results, and other information may be divulged as permitted by HIPAA and the Family Educational Rights and Privacy Act (FERPA).

I ACCEPT and give my CONSENT for my child or minor in my care, _____, to be tested for COVID-19.

At the time the sample is being taken from my child or minor in custody or guardianship, I:

WISH TO BE PRESENT. Parent/Legal tutor/Guardian initials: _____

DO NOT NEED TO BE PRESENT. Parent/Legal tutor/Guardian initials: _____

DENIAL

With my signature, I attest to:

- have read and understood this form freely and voluntarily, and I am legally authorized to make decisions for my child mentioned above.
- understand that this **denial** of consent is valid until **July 31, 2023***, unless I notify the School's Health Authority **in writing** that I'm withdrawing denial for COVID-19 testing.

I DO NOT ACCEPT, nor give my consent for my child or minor in my care, _____, to be tested for COVID-19.

Parent/Legal Tutor/Guardian Signature (if the child is younger than 21)	Date (MM/DD/YYYY)

The following section **ONLY applies** to emancipated students or those of 21 years of age or older.

EMANCIPATED STUDENTS OR THOSE OF 21 YEARS OF AGE OR OLDER

I ACCEPT AND CONSENT to be tested for COVID-19, and attest that I understand the content and scope of this, which I sign on my own behalf.

I DO NOT ACCEPT OR CONSENT to be tested for COVID-19 and I attest that I understand the content and scope of this, which I sign on my own behalf.

Emancipated Student's Signature (or those of 21 years or older)	Date (MM/DD/YYYY)

*Explanatory note: The school year includes the summer session.