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## COVID-19 Testing: Informed Consent

Please carefully read and sign the following Informed Consent:

a. I authorize USD 411 Goessel Schools to conduct collection and testing for COVID-19 of my child through an anterior nasal swab specimen to be obtained in accordance with the manufacturer's instruction.

i. For diagnostic testing (i.e. child has symptoms): \_\_\_\_\_ Yes \_\_\_\_\_ No

ii. For screening testing (i.e. child is a close contact): \_\_\_\_\_ Yes \_\_\_\_\_ No

b. I authorize the school to notify me of my child's test results via my communication preference designated at enrollment unless otherwise specified in writing.

c. I authorize my child's test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.

d. I acknowledge that a positive test result is an indication that my child must isolate in accordance with KDHE and Marion County guidelines to avoid infecting others. I also agree to assist the school with identification of any close contacts which occurred within the 48 hours prior to test sample collection.

e. I understand that the school is not acting as my child's medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.

f. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

g. I understand that this consent form will be valid through May 31, 2022, unless I notify the school in writing that I revoke my consent.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date