



COVID-19 Rapid Antigen Testing Consent Form

This form grants consent for the individual below to participate in the no-cost Telra Institute COVID-19 Rapid Antigen Testing program. Shallow nasal swab samples are non-invasive and collected from the lower nostril, providing a result in 15-20 minutes. Rapid screening allows individuals to participate in the school environment who might otherwise have to remain or be sent home.

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

1. I authorize collection and testing of the individual named below for one of the following reasons:
 - a. Individual testing on symptomatic individuals: for when individuals present symptoms while at school that might require being sent home
 - b. Individual testing on close contacts: for asymptomatic close contacts to be allowed to reduce and/or eliminate quarantine periods when testing negative
2. I understand that I will be notified about the results of any individual test for COVID-19.
3. I understand that there is the potential for a false positive or false negative COVID-19 test result, no matter the kind of testing being performed. Given the potential for a false negative, I understand that my student should continue to follow all COVID-19 safety guidance and follow school protocols for isolating and testing in the event the individual develops symptoms of COVID-19.
4. I understand that staff administering all COVID-19 testing have received training on safe and proper test administration. I agree that neither the test administrator nor Telra Institute, nor any of its board members, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the COVID-19 testing program.
5. I understand that individuals must stay home if feeling unwell. I acknowledge that a positive test result is an indication that an individual must stay home from school, self-isolate, and continue wearing a mask or face covering as directed to avoid infecting others.
6. I understand that Telra Institute is not acting as a medical provider, this testing does not replace treatment by a medical provider, and I assume complete and full responsibility to take appropriate action with regards to the individual's test results. I agree I will seek medical advice, care, and treatment from a medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care the individual receives from their healthcare provider.
7. I understand that COVID-19 testing may create protected health information (PHI) and other personally identifiable information of the individual, and such information will only be accessed, used, and disclosed in accordance with HIPAA and applicable law. Pursuant to 45 CFR 164.524(c)(3), I authorize and direct the testing provider to transmit such PHI to Telra Institute and the applicable state and county health departments.
8. I understand that authorizing these COVID-19 tests is optional and that I can refuse to give this authorization, in which case, the individual will not be tested.



Complete the information below for the individual to be tested

Full name: _____

Date of birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Complete the information below for the individual providing authorization

Relationship to tested individual: _____
(Self or Parent/Guardian)

Printed name of Parent/Guardian: _____
(not required for "Self" consent)

Phone number: _____

SMS text capable? (Y/N) _____

Email address: _____

I, the undersigned, have been informed about the COVID-19 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 for the individual named above.

Authorized signature: _____

Date: _____

Return form by email to: frontdesk@telra.org

Please write "COVID-19 testing consent" in the subject line of your email and include the student name(s) in the body of your email