COVID-19 Testing Permission Form

Student Name: _____

Student Birthdate: _____

School: _____

Parent/Guardian Name(s): _____

Home Address: _____

Phone Number: _____

South Whidbey School District has collaborated with the Washington State Department of Health to be able to offer free COVID-19 testing to students.

The COVID-19 tests are oral swabs, which are quick and painless, and will be self-administered under observation by a trained person. A company called Curative will process and analyze the test results and will share the results with the School District and notify the parent/guardian.

You are entitled to keep certain information about your child's health and education private. This form allows you to grant third-party access to your child's protected information that otherwise may not be permitted.

By signing below, you authorize Curative to release the results of your child's COVID-19 test results ***South Whidbey School District***. This information will be used for the purpose of addressing the health and safety of students and staff through medical surveillance of COVID-19 cases in our school.

By signing below, you also authorize your child to be tested if they have symptoms or had exposure to a positive individual and for the School District to have Curative process and analyze the test. You further authorize the School District to share your child's birthdate to Curative for identification purposes. Finally, you understand that, per the Washington State Department of Health, a student with COVID-19 or COVID-19 symptoms cannot attend school onsite.

By signing below, you affirm that you have the legal authority to determine who may receive the protected health and education information pertaining to the student.

_____ _____ _____ _____

Parent/Guardian Signature Date Student (age 18 or older) Signature Date

_____ _____

Parent/Guardian Printed Name Student (age 18 or older) Printed Name

Received by School District on: _____

Date

CURATIVE LABS COVID-19 TESTING AUTHORIZATION

You are entitled to keep your child's protected health information private. This Authorization Form allows you to grant third-party access to your child's protected health information that otherwise would not be permitted.

By indicating your consent below, you authorize Curative Inc., and Curative Labs, LLC, as applicable, to disclose your child's protected health information described below to the persons or entities identified in this form.

I hereby authorize the release of the following protected health information:

- My child's name; and
- The result of my child's COVID-19 (novel coronavirus) test

This information may be released to:

- ***South Whidbey School District***
- Me, as the child's legal personal representative, via SMS though I acknowledge that texts are not secure
- Me, as the child's legal personal representative, via email though I acknowledge that emails are not secure

This information will be used for:

- Addressing the health and safety of our students through medical surveillance of COVID-19 cases at our schools.

I also understand and agree to the following:

- I may refuse to provide this authorization.
- Any information used or disclosed through this authorization may no longer be protected by privacy laws and may be subject to re-disclosure by the person or organization receiving it.
- I have the right to revoke this authorization at any time by doing so in writing to support@curativeinc.com.
- Any revocation of this authorization by me will not apply to actions that Curative Inc. and Curative Labs, LLC, or Dr. Sajad Zalzala M.D. has already taken regarding the sharing of my protected health information during the period that my authorization was valid.
- This authorization will remain in effect for one (1) year from the date it is signed unless otherwise revoked.

I have read and had an opportunity to ask questions about this authorization.

By signing below, I affirm that I am the child's personal representative and have the legal authority to authorize who may receive the protected health information.

_____ _____

Print Minor's Name (*Last, First, Middle Initial*) **Minor's DOB (MM/DD/YYYY)**

_____ _____ _____

Signature of Parent or Legal Guardian **Printed Name** **Date**

Relationship to Minor Child: _____