

CONSENT FOR COVID-19 TESTING (Parental Consent for Students under 18)

1. Authorization and Consent for Covid-19 Rapid Antigen Testing and Polymerase Chain Reaction (PCR) testing

I voluntarily consent and authorize San Diego State University Research Foundation ("SDSURF") in partnership with Sweetwater Union High School District ("District") and Alliance Health Clinic ("Clinic") to conduct collection, testing, and analysis for the purposes of a COVID-19 diagnostic test. The COVID-19 tests are provided free of charge.

I acknowledge and understand that my student's COVID-19 diagnostic tests will require them to self-collect a sample by inserting a Q-tip like swab less than 1 inch into their nose as directed by trained personnel to get a sample to test for COVID-19. The results of the rapid antigen test will be available in approximately 20 minutes. A second sample using the same self-collection procedure may be taken for PCR (laboratory) testing to confirm the results of the rapid antigen test. This includes confirming positive results, negative results for people with symptoms, and randomly selected negative results for people with no symptoms for ongoing quality assurance. The sample collected for PCR testing will be sent to the County of San Diego Public Health Laboratory for analysis. Results from the PCR test are available in 24-48 hours. I understand that there are risks and benefits associated with undergoing a rapid antigen test or a PCR test for COVID-19 and there may be a potential for false positive or false negative test results.

I understand that signing this form authorizes San Diego State University Research Foundation, in partnership with Sweetwater Union High School District and Alliance Health Clinic, to test my student on multiple occasions (such as weekly, every two weeks, or less frequently), depending on availability of tests and the COVID virus level in our community. I authorize my student to be tested without my presence through June 30, 2022. I understand that I can cancel this Consent in writing at any time prior to the test(s) being administered. Should I wish to withdraw consent, I will notify Sweetwater Union High School District at eidon.hamamlow@sweetwaterschools.org.

I understand that it is a requirement for my student to register/ or me to register my student prior to their first test. Registration includes providing contact information, demographic information, and brief information about health conditions that are risk factors for severe COVID. When the COVID diagnostic test is performed, my student is required to answer questions about potential COVID-19 symptoms and potential exposure to anyone diagnosed with COVID-19. This information is required for reporting to County and State Public Health officials. I also authorize my student to provide information on their COVID health symptoms as part of each testing process.

I assume complete and full responsibility to take appropriate action with regards to my student's test results. Should I have question or concerns regarding my student's results, or a worsening of their condition, I shall promptly seek advice and treatment from an appropriate medical provider.

2. Patient Rights and Privacy Practices

a) Notice of Privacy Practices and Patient Rights: SDSURF and District may use and disclose your student's protected health information to carry out treatment, conduct health care operations and for other purposes that are permitted or required by law.

b) Disclosure to Public Health and District Authorities: I acknowledge and agree that SDSURF and District may disclose my student's test results and associated information to appropriate district, county, state, and

regulatory entities as may be required and permitted by law. SDSURF/Clinic is required to report all tests conducted to San Diego County Public Health officials. Positive cases are required to be reported to County and State Public Health officials. If your student tests positive, the District will take follow-up actions per established County Public Health protocols. The testing information may also be shared with District staff necessary to notify them of ability to participate in school based curricular and extracurricular activities.

c) Sharing of Non-Identifying Information: Funding for the COVID-19 testing is provided by the National Institutes of Health as part of a COVID testing initiative (RADx-UP) through a grant to San Diego State University. As required by the grant, non-identifying information collected will be shared with the RADx-UP Coordinating and Data Collection Center. No information that could possibly identify an individual will be shared. No names, birth dates, phone numbers, addresses, or other identifying information will be shared. Limited anonymous information (age, race, ethnicity, COVID symptoms, COVID test results) will also be shared with the rapid antigen test manufacturer, Quidel Corporation. I acknowledge and agree that my student's non-identifying information can be included in the information that is shared.

3. Release

To the fullest extent permitted by law, I hereby release, discharge and hold harmless, the State of California, the Trustees of The California State University, California State University, San Diego State University, and San Diego State University Research Foundation (collectively "University"), Sweetwater Union High School District, and Alliance Health Clinic, including, without limitation, any its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my student's COVID-19 diagnostic test(s) or the disclosure of my student's COVID-19 test results.

I have been informed about the purpose of the COVID-19 rapid antigen and PCR tests, procedures to be performed, and potential risks and benefits. I have been provided an opportunity to ask questions before proceeding with authorizing COVID-19 diagnostic test(s) for my student and I understand that if they do not wish to continue with the collection, testing, or analysis of a COVID-19 antigen or PCR test, they may decline. I have read the contents of this form in its entirety and voluntarily consent to allow my student to undergo diagnostic testing for COVID-19.

I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form.

Name of person to be tested (student):

School Site:

Parent Name

Date:

Signature of Parent
