This consent is for rapid COVID-19 tests which may include rapid influenza A and B tests. These rapid tests provide results within 15 to 30 minutes. There is no charge for these tests. Collection of the sample is by swabbing the front of the nose, not deep into the nose. Testing is voluntary and requires a signed consent. Testing is recommended for various reasons, for COVID-19 and Influenza symptoms, COVID-19 school screening/surveillance, and Test to Stay program. Both positive and negative results for COVID-19 will be reported to the New Mexico Department of Health and to the parent/guardian. If applicable, Influenza results will be provided to the parent/guardian.

Please read the test information fact sheet before signing this consent. Signing this form serves as consent for the testing indicated above.

Our school or school district uses the tests indicated below: (School personnel to check box prior to release of consent form)

|  |  |  |
| --- | --- | --- |
| Program Option | Description |  |
| COVID and Influenza Like Symptoms | This option is for testing for COVID-19 and possibility Influenza A and B when symptoms are present | - Do Consent  - Do not Consent |
| Test to Stay | This option is for those who are contacts to a person who has tested positive. The test used may test for both COVID-19 and Influenza A and B | - Do Consent  - Do not Consent |

By signing this consent, I hereby certify that I have reviewed the test manufacturer’s information documents provided by my school for the above tests. I hereby grant permission to school personnel to perform the rapid PCR or Antigen test to my child throughout the school year. I understand that this consent is voluntary and may be revoked at any time with written notification to the school.

**Name of Student:**  DOB:

**Signature of Parent/Guardian/Staff**: Date: