

Parent/Guardian Consent to COVID 19 Testing
and Release of Student Records

Your student, _____,

attends _____ School.

The Utah Department of Health has established a program with Nebo School District to conduct school-based COVID-19 testing of students. This testing is voluntary. Students will be tested 1 every 14 days by school staff to allow those that test negative to continue with in-school instruction and participation in extracurricular activities. This program is an effort to support continued in-school instruction while maintaining efforts to interrupt the transmission of COVID-19 in the school environment. Results of COVID 19 tests will be submitted to the Utah Department of Health in accordance with Utah Administrative Rule R386-702.

The tests used will be BinaxNOW rapid antigen tests, which are administered by nasal swab and produce results in 15 minutes. Individuals will be notified of their results shortly after their test via email sent to their school email address. BinaxNOW and other rapid antigen tests are not as accurate as PCR tests. Individuals may want to obtain PCR testing to confirm unexpected BinaxNOW results. Testing locations can be found at coronavirus.utah.gov.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) protects students and parents by prohibiting third parties from accessing student records, information, or data without express authorization from the parent or guardian. While exceptions to this general rule exist in cases where information is provided to school officials with legitimate educational interests and to appropriate officials in cases of health and safety emergencies, these test results constitute educational records the District will not share the information with third parties without parent/guardian consent.

By signing below, you provide express written consent for the above-named student to be tested and authorization to the Utah State Health Department to access and store the COVID 19 test results. Those records will be accessed and stored for the express purpose of allowing more students to continue receiving in-school instruction, thus promoting academic success. Data will be used only for this legitimate educational purpose and will not be shared with any other third party.

Parents, guardians, or eligible student (over 18 years old) have the right to revoke this consent and authorization at any time.

I have read the above and consent to have my student tested for COVID 19 and grant express authorization for the State Health Department to access my child's test results.

Parent/Guardian Name (print)

Student Name (print)

Parent/Guardian Signature

Date

Phone Number

Email Address

Interpreter Name (if applicable)

For Office Use Only

CI Client ID Code: _____

Student/District ID Number: _____