



**Woodland Hill Montessori School**

**COVID-19 Testing: Informed Consent Form**

Please carefully read and sign the following Informed Consent:

- a. I authorize JCM Analytics, in partnership with Woodland Hill Montessori School and the contracted CLIA laboratory to conduct screening of pooled nasal samples for COVID-19 testing. I certify that I/my child has voluntarily provided a fresh and unadulterated specimen for analytical testing. The identifying and contact information I have provided to the testing lab are accurate.
- b. In the event of a positive pool, I authorize individual testing of my submitted specimen and/or my child's submitted specimen as ordered by an authorized medical provider or public health official. I understand that a performing CLIA laboratory may use my/my child's specimen and any testing performed on that specimen for research and development so long as the information has been de-identified pursuant to law.
- c. I authorize my/my child's individual test results to be disclosed to the county, state, or any other governmental entity as may be required by law.
- d. I further authorize the performing CLIA laboratory to release the results of this testing to the treating authorized healthcare provider or facility.
- e. I acknowledge that results of screening tests alone are not sufficient to detect or rule out the possibility that an individual has been exposed to or is infected with COVID-19.
- f. I understand that Woodland Hill is not acting as a medical provider, this testing does not replace treatment by my/my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my/my child's pooled test results and any individual test results. I agree that I will seek medical advice, care, and treatment from my/my child's medical provider if I have questions or concerns.
- g. I understand that there may be a potential for false positive or false negative test results.

I have been informed about the test purpose, procedures, possible benefits, and risks, and I have received a copy of this Informed Consent form. 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. On behalf of myself or my child, I voluntarily agree to this testing for COVID-19.

Staff/Employee                       Parent/Guardian of Student                       Participating Household Member

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Name of Student, if applicable

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date