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ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

OHSU COVID-19 K-12 TESTING AUTHORIZATION FORM

This Authorization Form allows you to grant a third party access to the information listed below.

By signing below, I authorize Oregon Health & Science University to disclose my child's protected health information described below to the persons or entities listed in this form.

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

- My child's name, medical record number (MRN) and date of birth with a test collection kit, showing that my child is being tested for COVID-19.

This information may be released to:

- Portland Public Schools

This information will be used for:

- Coordinating COVID-19 testing for my child with their school as part of the Oregon Health Authorities' (OHA's) K-12 Student Screening Program.

I also understand and agree to the following:

- Under ORS 109.650, OHSU may release a 15-17 year old child's test results to their parent and/or legal personal representative.
- I may receive my child's test results through a telephone call and/or email.
- I may refuse to sign this authorization. Refusing to sign the authorization will not adversely affect my child's ability to receive health care services or reimbursement for services.
- I have the right to revoke this authorization at any time by doing so in writing to **k12covidtesting@ohsu.edu**.
- Revoking this authorization will not apply to the disclosures already made by OHSU during the time that my authorization was valid.
- Any information used or disclosed through this authorization may no longer be protected by privacy laws and may be re-disclosed by the person or organization receiving it.
- This authorization will remain in effect until the end of the OHA's K-12 Student Screening Program unless revoked earlier.

I have read and understand this authorization.

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

Print Child's Name

Child's Date of Birth (MM/DD/YYYY)

Signature of Parent or Legal Guardian

Printed Name

Date

Relationship to Minor Child





COVID-19 General Consent Form

To be completed by student parent or guardian

Parent/Guardian Information *(You will be notified with test results.)*

Parent/Guardian print name:	
Parent/Guardian mobile number:	
Parent/Guardian email address:	

Student information

Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: <i>(MM/DD/YYYY)</i>		Grade level:	

Consent

By completing this form and returning it to my school, I confirm that I am the parent or guardian of the student(s) listed above, and that I consent to allow for my student to be tested for COVID-19 during the 2021-2022 academic school year by providing either a shallow nasal swab or a saliva sample. COVID-19 testing may be offered to students in three circumstances: (1) if my student(s) develop(s) new symptoms of COVID-19 while at school; (2) if my student(s) is exposed to COVID-19 in a school group and the local public health department recommends testing; (3) once a week screening testing for COVID-19. I understand that I may consent to any or all types of testing.

I understand that COVID-19 testing for the student(s) is optional and that I may refuse to give consent, in which case, my student(s) will not be tested. I understand that my student(s) must stay home from school if feeling unwell.

I understand that an independent laboratory acting on behalf of my school will conduct the weekly screening testing. I understand that in order for weekly screening testing to be performed at an independent laboratory, certain personal information regarding my student(s) will need to be communicated to the laboratory for purposes of administering the program, and only to the extent necessary to administer the program, including student name, date of birth, and school cohort.

I understand that the Oregon Health Authority (OHA) has ordered these tests. I understand that neither OHA or the school is acting as my student's healthcare provider and this testing does not replace treatment by my student's healthcare provider, and I assume complete and full responsibility to take appropriate action regarding the

COVID-19 General Consent Form

Consent

student's test results. I understand that it remains my responsibility to seek medical advice, care and treatment for my student(s) from their healthcare provider.

I understand that there is a possibility of false negative COVID-19 test results and that my student(s) could still be infected with COVID-19 even if the test result is negative. I also understand that if my student(s) tests positive for COVID-19, the test result will be reported to the local public health authority as required by law.

Personal health information will not be released without written consent except when required by law.

I give permission for my student(s) to participate in weekly screening testing for COVID-19.

Signature of Parent/Guardian

Date

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhs.ohio.gov. We accept all relay calls or you can dial 711.

K-12 COVID-19 Screening Program

K-12 students can sign up to get free weekly COVID-19, PCR tests through their school during the 2021-2022 school year. The Oregon Health Authority (OHA) has contracted with OHSU to provide these tests to participating K-12 schools in Oregon.



WHY SHOULD I SIGN UP MY CHILD FOR WEEKLY COVID TESTS?

Regular testing helps us stop the spread of COVID-19 and:

- Keeps our schools open for in-person learning
- Helps us detect COVID cases early, so we can stop an outbreak before it happens
- Gives you peace of mind knowing whether your child has COVID
- Prevents a sick child from unknowingly spreading COVID to loved ones.

WHAT ARE THE COVID-19, PCR TESTS LIKE?

- The tests are quick and painless. All we need is a sample of your child's spit (saliva).
- Your school will collect the spit at school, or they will ask you to collect it at home.
- If they ask you to collect it at home, they will give you a collection kit.

WHAT HAPPENS AFTER I SIGN UP MY CHILD FOR WEEKLY COVID TESTING?

- Your school will give you all the information and materials you need.
- This includes a collection kit with instructions on how to collect the spit sample and where to turn it in.

WHAT HAPPENS ONCE I SEND THE SPIT SAMPLE BACK TO THE SCHOOL?

- OHSU will collect the samples from your school.
- After the lab gets the sample, they will send you a secure email with the test results within 24 hours.
- If your child's test results come back as unknown or as having COVID-19, you will also get a call from a nurse from OHSU's COVID hotline.

HOW MANY TIMES CAN I GET MY CHILD TESTED?

- Your child can get tested every week on your school's collection day.
- Your school will give you more testing kits as you need them.

WHAT IF I NO LONGER WANT MY CHILD TO BE TESTED?

If you change your mind, just let your school's testing coordinator know that you no longer want to be part of the program.

WILL MY CHILD'S INFORMATION BE KEPT PRIVATE?

- We will never share your child's information or COVID status with anyone other than public health officials.
- OHSU will not share test results with your school.

HOW DO I SIGN UP MY CHILD FOR WEEKLY COVID TESTING?

Just follow your school's sign up instructions, fill out these 2 forms and return them to your school:

1. OHA consent form

2. OHSU authorization form

- **For students up to age 17:** Parent/guardian must fill out the form.
- **For students age 18+:** Student must fill out the form.

If you have questions or need help to complete the forms, call OHSU at 833-376-1027, 8 a.m to 5 p.m., Monday - Friday.

How to Collect Spit (Saliva) for COVID-19 Testing

The test kit includes: a spit sample tube with cap, funnel, alcohol wipe, absorbent pad and biohazard bag. We test for COVID-19 by using a sample of your spit (saliva).

FOLLOW THESE STEPS

1 WAKE UP AND SPIT

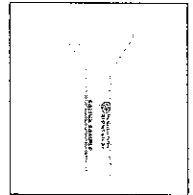
Collect saliva first thing on the assigned collection day.

- Do NOT let the child eat, drink, brush teeth or chew gum 30 minutes BEFORE they use the spit sample tube.



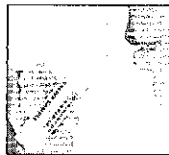
2 PUT THE SPIT TUBE TOGETHER

- Open (unscrew) the lid of the empty spit sample tube.
- Insert the funnel into the empty spit sample tube, like in the picture.



3 TIME TO SPIT

- Have the child place their mouth on the top of the funnel.
- Ask the child to think about their favorite food-this will help them produce more spit.
- Fill the tube with spit to the red line.



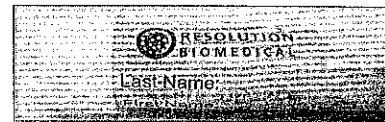
Saliva bubbles need to be above the red line.

- If saliva "sticks" to the inside of the tube, gently bang the tube to help move the saliva to the bottom.
- It can take over 5 minutes to get a child to produce this amount of saliva.



4 REMOVE THE FUNNEL

- Screw the cap tightly on the spit sample tube.
- Throw the funnel away.
- Wipe the outside of the spit sample tube with the alcohol wipe to clean up any extra spit.
- Let stand for 1 minute. Then, put a label on the spit sample tube as shown in the picture below.
- Make sure the name and birthdate are easy to see.



5 GET READY TO SEND

- Put the labeled spit sample tube in the biohazard bag.
- Make sure the spit sample tube is touching the absorbent pads.
- Seal the bag tightly.
- Stick one label to the outside of the biohazard bag.
- Make sure the name and birthdate are easy to see.



6 SEND YOUR SAMPLE

Sample must be returned on the day it is collected.

- Return the biohazard bag with the spit sample tube to the collection site at your school.
- You will get your test results in a secure email from OHSU Health (K12covidtesting@ohsuhealthmarketing.com) within 1-2 days after the sample is dropped off at your school.

Keep instructions AND remaining name labels AND throw away all used material.

Thank you for being part of the K-12 return to school COVID-19 testing program.

