

COVID-19 Minor Testing Consent Form

A minor 15 years of age or older may consent to COVID-19 testing as ordered by the Oregon Health Authority under ORS 109.640(2)(a).

To be completed by student ages 15–18

Student information

You will be notified with test results.

Student name:	Mobile number:
Email address:	
Home address:	City:
ZIP code:	County:
Date of birth(MM/DD/YYYY):	Grade level:

Consent

By completing this form and returning it to my school, I confirm that I consent to allow myself to be tested for COVID-19 during the 2024-2025 academic school year. I may be tested for COVID-19 in two circumstances: (1) if I develop new symptoms of COVID-19 while at school; (2) if I am exposed to COVID-19 in a school group and the local public health department or school recommends testing. I understand that I may consent to either or both types of testing.

I understand that COVID-19 testing is optional and that I may refuse to give consent, in which case, I will not be tested. I understand that my school may require me to stay home from school if I am feeling unwell.

I understand that the Oregon Health Authority (OHA) has made these tests available through a standing order. I understand that neither OHA or the school is acting as my healthcare provider and that this testing does not replace treatment by my healthcare provider. I assume complete and full responsibility to take appropriate action regarding my test results, which means to seek medical advice, care, and treatment from a health care provider if necessary, or to speak with my parent and/or guardian if I need help understanding what to do after receiving my test results.

I understand that there is a possibility of false negative COVID-19 test results and that I could still be infected with COVID-19 even if the test result is negative. I also understand that if I test positive, my parent and/or guardian may be informed of my results under ORS 109.650.

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

- I give permission for school staff to test me for COVID-19 if new symptoms develop at school.
- I give permission for school staff to test me if I am exposed to COVID-19 within my school cohort and testing is recommended by the local public health authority or school.

Signature of Student

Date

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the COVID Feedback Team at 503-945-5488 or email feedback@odhsoha.oregon.gov. We accept all relay calls.