

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

Your student, _____,

attends **COPPER HILLS HIGH SCHOOL**

The Utah Department of Health has established a program with Jordan School District to conduct school-based COVID-19 testing of students. This testing is voluntary. Students must be tested bi-weekly, and test negative in order to continue with extracurricular participation. This testing is an effort to meet the recent requirements to continue in-school participation 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 and 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 participating in extracurricular activities. Data will be used only for this legitimate educational purpose and will not be shared with any other third party.

Parents, guardians, or eligible students (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 student'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: _____