

This form grants permission for the student to be tested for COVID-19. COVID-19 testing will be available in the school. People without symptoms can spread COVID-19 so one does not need symptoms to be tested. Testing is voluntary but recommended as it can help contain and delay the spread of COVID-19 in communities.

Parents/Guardians and Students (age 14 and over), please return completed form to the school by _____(DATE).

SECTION 1: STUDENT'S PERSONAL HEALTH INFORMATION			
Student's Legal Name <i>(as displayed on health card)</i>		Health Card Number	
Student's Preferred Name <i>(if other than Legal name)</i>		Gender <i>(as displayed on health card)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate DD/Mon/YY
Address/PO Box, Town, Postal Code			
Cell Phone ()	Alt Phone Number ()	School	Grade
If Consent signed by Parent/Guardian Your name and relationship to this student <i>(e.g., "mother")</i>		Family Doctor (full name, clinic and city)	

SECTION 2: COMPLETE, SIGN AND DATE THIS SECTION.
<ul style="list-style-type: none"> I have read the information provided by the school on COVID-19. Safe Schools Plan https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/safe-schools-plan <p>I understand and agree that:</p> <ul style="list-style-type: none"> By consenting to COVID-19 testing, the student's Personal Health Information can be shared with the COVID-19 Test Centre in your area. <p>I, _____ (NAME), hereby authorize the school to send this form containing the student's Personal Health Information (as above) to the SHA.</p> <p>I, _____ (NAME), hereby authorize the SHA perform a nasal and/or throat COVID-19 Swab on _____ (STUDENT NAME) at the school above on _____ (DATE).</p> <p>Signature _____ Date _____</p>
Additionally, students age 14 and over are also required to sign below that they are agreeing to above.
<p>I, _____ (STUDENT NAME), hereby state that I have reached fourteen (14) years of age and am therefore of age to consent.</p> <p>Signature _____ Date _____</p>