

# Consent to BD Veritor Test

## (Influenza A, Influenza B, and COVID-19)

Please carefully read and provide written acknowledgment of the following informed consent:

- I authorize a testing administrator associated with Otis-Bison Schools, to conduct collection and testing for Influenza A, Influenza B and COVID-19 through a nasal swab collection as deemed appropriate.
- I understand by signing this document that I am giving permission for diagnostic screening to be conducted as needed during the 2023-2024 school year or until I have notified the school, in writing, that my consent is being withdrawn.
- I authorize my test result, or the test result of my child if my child is under the age of 18 years, to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- I understand that, as with any medical test, there is the potential for a false positive or false negative test result.
- I give permission for my school district to contact me using non-secure methods (e-mail or phone) regarding this test result, and I understand the risks involved.

Student(s) Name: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

(If giving consent for more than one student please add names below.)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Please return to the building secretary.