



Shawnee Public Schools

COVID-19 Student Testing Permission Form

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Parent's Phone Number: _____

Please mark one of the following options:

I accept responsibility for participating in school-based screenings for COVID19 and for reporting all symptoms of illnesses to my parents, teacher, school nurse, coach, athletic trainer, or a designated school staff of any signs and symptoms of COVID-19 and also any close contact or exposure to COVID-19 to the best of my ability.

I have read and understand the above information on COVID-19. Furthermore, I give permission of participation for my student. Note: By law the results of rapid testing will be reported to the Oklahoma State Department of Health.

Note: Consent is good for the School Year 2020-2021 and may be revoked at any time.

I do not give permission of participation in COVID-19 screening for my student.

Please complete the Name of Student and Name of Parent/Guardian sections below whether you grant permission for screening or not.

Name of Student	Date
Name of Parent/Guardian	Date
Signature of Parent/Guardian	Date

Signs and Symptoms of COVID-19: People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. It is important to note, it may be possible for someone to be a carrier of COVID-19; whereby, they do not have any symptoms but still may be contagious to others. Common symptoms of COVID-19 include the following:

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| Recent loss of taste or smell
Cough
Fatigue
Headache
Congestion or runny nose
Diarrhea | Fever or chills
Shortness of breath or difficulty breathing
Muscle or body aches
Sore throat
Nausea or vomiting
Dizziness or unexplained rash |
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For more information, contact La Rita Haffey, district health nurse coordinator, at larhaffey@shawnee.k12.ok.us.