

# Cheyenne-Eagle Butte Braves

**Mission Statement: To prepare students with the academic, spiritual, physical, cultural, and social skills needed to be productive world citizens and lifelong learners in a technological world.**

**Vision Statement: Keeping our Wakanyaja (children) sacred through positive thinking and positive actions.**



**Tuesday January 18, 2022**

**C-EB Parents & Guardians,**

The Cheyenne — Eagle Butte School Upper Elementary School, grades 2-6, will return on-site for direct instruction beginning on Monday January 24<sup>th</sup>, 2022.

We continue to plan in the most cautious way based upon data and guidance provided by CRST and its health departments, the South Dakota Department of Education (SDDOE), SD Department of Health (SDDOH), the Bureau of Indian Education (BIE), and the Centers for Disease Control and Prevention (CDC).

The C-EB Upper Elementary School will be hosting a vaccination clinic with testing (with parent/guardian permission) on Monday January 24<sup>th</sup>, 2022 beginning at 7:30 am. Those who have returned permission slips for either vaccination, testing, or both will be directed to the school gymnasium upon their arrival to school. Permission slips may be dropped off during the week, sent with your child on Monday, or emailed to [Shelly.Laurenz@k12.sd.us](mailto:Shelly.Laurenz@k12.sd.us) or [Paul.HollowHorn@k12.sd.us](mailto:Paul.HollowHorn@k12.sd.us).

Permission slips for the Upper Elementary Vaccination/Testing Clinic will be available via:

- download from the school's website at <https://ceb.k12.sd.us/resources.php>
- will be emailed to all UE student email accounts
- may be picked up during the week at either UE office - 605-964-2702
- or may be signed by parents onsite, on the morning of the clinic.

We value your partnership in ensuring our students are provided academic programming, social-emotional support, sports and extra-curricular activities, and nutritious meals. Together, we shall continue our successful efforts for our learners.

Sincerely,

*Kara Four Bear*

Ms. Kara Four Bear, Superintendent  
Eagle Butte Public School District 20-1  
C-EB Cheyenne-Eagle Butte Schools  
PO BOX 260 Eagle Butte, SD 57625

A handwritten signature in black ink that reads "Jennifer L. Bowman". The signature is written in a cursive, flowing style.

Digitally signed by  
Jennifer L. Bowman  
Date: 2022.01.18  
14:28:27 -07'00'

Ms. Jennifer Bowman, BIE School Supervisor  
Cheyenne River BIE School  
C-EB Cheyenne-Eagle Butte Schools  
PO BOX 672 Eagle Butte, SD 57625

# COVID-19 VACCINE CONSENT FORM

## Information about person to receive vaccine (please print)

Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Race:  Asian  Black  Native American  Pacific Islander  White  Other Ethnicity:  Hispanic  Non-Hispanic

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Do you have insurance?  No  Yes

**The following questions will help determine if there is any reason you should not receive a COVID immunization injection.**

*Answering "yes" to any question does not prevent you from being vaccinated. It means additional questions will be asked. If a question is not clear, please ask a healthcare provider to explain.*

Has the person to be vaccinated ever received a COVID-19 vaccine?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, date: _____ Type/Brand of COVID vaccine: _____	
Does the person to be vaccinated have an allergy to any medications, food, vaccine, or latex?	<input type="checkbox"/> No <input type="checkbox"/> Yes
List all allergies: _____	
Has the person to be vaccinated ever had a severe reaction to any vaccine or injectable therapy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the person to be vaccinated sick today?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the person to be vaccinated at least 18 years old?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If no, is the person to be vaccinated at least 16 years old?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the person to be vaccinated have a bleeding disorder or are they taking a blood thinner?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the person to be vaccinated received any other vaccines in the past 14 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the person to be vaccinated received passive antibody therapy as treatment for COVID-19?	<input type="checkbox"/> No <input type="checkbox"/> Yes

I have read, or have had explained to me, the Emergency Use Authorization (EUA) for COVID-19 vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of COVID-19 vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request (parent or guardian). I HAVE BEEN ADVISED TO WAIT FOR 15-30 MINUTES OF OBSERVATION AFTER RECEIVING MY VACCINE BEFORE LEAVING.

Print Parent/Guardian name, if different from client: \_\_\_\_\_

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

### FOR CLINIC USE ONLY

Clinic site: \_\_\_\_\_ EUA Fact Sheet Provided: Yes No

Date vaccine administered: \_\_\_/\_\_\_/\_\_\_ Date booster required: \_\_\_/\_\_\_/\_\_\_

Vaccine manufacturer: \_\_\_\_\_ Lot number: \_\_\_\_\_

Site of IM injection: RDT or LDT or \_\_\_\_\_ Dose: 0.3ml 0.5ml

# COVID-19 VACCINE CONSENT FORM

Signature and title of vaccine administrator: \_\_\_\_\_

Nurse's Comments: \_\_\_\_\_

## INSURANCE INFORMATION

(Please give your insurance card to the receptionist)

Primary Insurance: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Group No: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Client's relationship to subscriber: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Group No: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Client's relationship to subscriber: \_\_\_\_\_

The above information is true to the best of my knowledge. If qualified, I authorize billing to my insurance company and release of information required to process my claims.

I authorize my insurance benefits be paid directly to \_\_\_\_\_.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_





# **Pfizer Covid-19 Vaccine**

## **Now Available on Cheyenne River**

### **For ages 5+**



**The United States Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) have recently approved and recommended the Pfizer and BioNTech COVID-19 vaccine for children aged 5 to 11.**

#### **Who is eligible for the pediatric COVID-19 vaccine?**

All children ages 5-11 are eligible to receive the pediatric COVID-19 vaccine. Children ages 12-17 are eligible to receive the Pfizer COVID-19 vaccine authorized for adults.

#### **What is the difference between the Pediatric Pfizer COVID-19 vaccine and the Adult Pfizer COVID-19 vaccine?**

The pediatric vaccine (for ages 5-11) is the same vaccine as that for persons ages 12 and older, but at a lower dose.

Both vaccines come in a two-dose series given three weeks apart.

#### **Is the vaccine safe for children 5-11 years old?**

Over 3,000 children have received the vaccine during clinical trials.

The data collected during those trials proves that the vaccine is both safe and effective.

The most common side effects include headaches, fever, and chills in the two days post vaccination.

#### **How well does the vaccine work?**

Clinical trials conducted on children ages 5-11 have shown 90.7% efficacy in fighting COVID-19.

The vaccine produces a strong immune response in children which helps prevent serious illness from the virus.

#### **Why should children get vaccinated for COVID-19?**

Getting a COVID-19 vaccine can help protect children ages 5 years and older from getting COVID-19 or its variants.

Vaccinating children can help protect family members, including siblings who are not eligible for vaccination and family members who may be at increased risk of getting very sick if they are infected.

Vaccination can also help protect children from both short-term complications like hospitalization and long-term health complications due to COVID-19.

Vaccinating children ages 5 years and older can help keep them in school and help them safely participate in sports, playdates, and other group activities.

**Parents should talk with their child's pediatrician to get trusted, personalized medical advice and do what is right for their families.**

**CRST Field Health**  
24276 166th St, Airport Rd  
Eagle Butte, SD 57625  
605.964.0563  
605.964.1399 (Fax)  
fieldhealth1@gmail.com

**VACCINE INFORMATION FACT SHEET FOR RECIPIENTS AND CAREGIVERS  
ABOUT THE PFIZER-BIONTECH COVID-19 VACCINE TO PREVENT  
CORONAVIRUS DISEASE 2019 (COVID-19) FOR USE IN INDIVIDUALS  
5 THROUGH 11 YEARS OF AGE**

**FOR 5 THROUGH 11 YEARS OF AGE**

**Your child is being offered the Pfizer-BioNTech COVID-19 Vaccine to prevent Coronavirus Disease 2019 (COVID-19) caused by SARS-CoV-2.**

**This Vaccine Information Fact Sheet for Recipients and Caregivers comprises the Fact Sheet for the authorized Pfizer-BioNTech COVID-19 Vaccine for use in individuals 5 through 11 years of age.<sup>1</sup>**

**The Pfizer-BioNTech COVID-19 Vaccine has received EUA from FDA to provide a two-dose primary series to individuals 5 through 11 years of age.**

This Vaccine Information Fact Sheet contains information to help you understand the risks and benefits of the Pfizer-BioNTech COVID-19 Vaccine, which your child may receive because there is currently a pandemic of COVID-19. Talk to your child's vaccination provider if you have questions.

This Fact Sheet may have been updated. For the most recent Fact Sheet, please see [www.cvdvaccine.com](http://www.cvdvaccine.com).

**WHAT YOU NEED TO KNOW BEFORE YOUR CHILD GETS THIS VACCINE**

**WHAT IS COVID-19?**

COVID-19 disease is caused by a coronavirus called SARS-CoV-2. You can get COVID-19 through contact with another person who has the virus. It is predominantly a respiratory illness that can affect other organs. People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness leading to death. Symptoms may appear 2 to 14 days after exposure to the virus. Symptoms may include: fever or chills; cough; shortness of breath; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

For more information on EUA, see the "What is an Emergency Use Authorization (EUA)?" section at the end of this Fact Sheet.

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<sup>1</sup> You may receive this Vaccine Information Fact Sheet even if your child is 12 years old. Children who will turn from 11 years to 12 years of age between their first and second dose in the primary regimen may receive, for either dose, either: (1) the Pfizer-BioNTech COVID-19 Vaccine formulation authorized for use in individuals 5 through 11 years of age; or (2) COMIRNATY or one of the Pfizer-BioNTech COVID-19 Vaccine formulations authorized for use in individuals 12 years of age and older.



## **WHAT SHOULD YOU MENTION TO YOUR CHILD'S VACCINATION PROVIDER BEFORE YOUR CHILD GETS THE VACCINE?**

**Tell the vaccination provider about all of your child's medical conditions, including if your child:**

- has any allergies
- has had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside the heart)
- has a fever
- has a bleeding disorder or is on a blood thinner
- is immunocompromised or is on a medicine that affects your child's immune system
- is pregnant
- is breastfeeding
- has received another COVID-19 vaccine
- has ever fainted in association with an injection

## **HOW IS THE VACCINE GIVEN?**

The Pfizer-BioNTech COVID-19 Vaccine will be given to your child as an injection into the muscle.

The vaccine is administered as a 2-dose series, 3 weeks apart.

The vaccine may not protect everyone.

## **WHO SHOULD NOT GET THE VACCINE?**

Your child should not get the vaccine if your child:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine.

## **WHAT ARE THE INGREDIENTS IN THE VACCINE?**

The vaccine includes the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), tromethamine, tromethamine hydrochloride, sucrose, and sodium chloride.

## **HAS THE VACCINE BEEN USED BEFORE?**

Millions of individuals 12 years of age and older have received the Pfizer-BioNTech COVID-19 Vaccine under EUA since December 11, 2020. In a clinical trial, approximately 3,100 individuals 5 through 11 years of age have received at least 1 dose of Pfizer-BioNTech COVID-19 Vaccine. In other clinical trials, approximately 23,000 individuals 12 years of age and older have received at least 1 dose of the vaccine. The vaccine that is authorized for use in children 5 through 11 years of age includes the same mRNA and lipids but different inactive ingredients compared to the vaccine that has been used under EUA in individuals 12 years of age and older and that has been studied in clinical trials. The use of the different inactive ingredients helps stabilize the vaccine under refrigerated temperatures and the formulation can be readily prepared to deliver appropriate doses to the 5 through 11 year-old population.

## **WHAT ARE THE BENEFITS OF THE VACCINE?**

The vaccine has been shown to prevent COVID-19.

The duration of protection against COVID-19 is currently unknown.

## **WHAT ARE THE RISKS OF THE VACCINE?**

There is a remote chance that the vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the vaccine. For this reason, your child's vaccination provider may ask your child to stay at the place where your child received the vaccine for monitoring after vaccination. Signs of a severe allergic reaction can include:

- Difficulty breathing
- Swelling of the face and throat
- A fast heartbeat
- A bad rash all over the body
- Dizziness and weakness

Myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) have occurred in some people who have received the vaccine. In most of these people, symptoms began within a few days following receipt of the second dose of vaccine. The chance of having this occur is very low. You should seek medical attention right away if your child has any of the following symptoms after receiving the vaccine:

- Chest pain
- Shortness of breath
- Feelings of having a fast-beating, fluttering, or pounding heart

Side effects that have been reported with the vaccine include:

- severe allergic reactions
- non-severe allergic reactions such as rash, itching, hives, or swelling of the face
- myocarditis (inflammation of the heart muscle)
- pericarditis (inflammation of the lining outside the heart)
- injection site pain
- tiredness
- headache
- muscle pain

- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)
- decreased appetite
- diarrhea
- vomiting
- arm pain
- fainting in association with injection of the vaccine

These may not be all the possible side effects of the vaccine. Serious and unexpected side effects may occur. The possible side effects of the vaccine are still being studied in clinical trials.

#### **WHAT SHOULD I DO ABOUT SIDE EFFECTS?**

If your child experiences a severe allergic reaction, call 9-1-1, or go to the nearest hospital.

Call the vaccination provider or your child's healthcare provider if your child has any side effects that bother your child or do not go away.

Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>. Please include "Pfizer-BioNTech COVID-19 Vaccine EUA" in the first line of box #18 of the report form.

In addition, you can report side effects to Pfizer Inc. at the contact information provided below.

Website	Fax number	Telephone number
<a href="http://www.pfizersafetyreporting.com">www.pfizersafetyreporting.com</a>	1-866-635-8337	1-800-438-1985

You may also be given an option to enroll in v-safe. V-safe is a new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. V-safe asks questions that help CDC monitor the safety of COVID-19 vaccines. V-safe also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: [www.cdc.gov/vsafe](http://www.cdc.gov/vsafe).



**WHAT IF I DECIDE NOT TO HAVE MY CHILD GET THE PFIZER-BIONTECH COVID-19 VACCINE?**

Under the EUA, there is an option to accept or refuse receiving the vaccine. Should you decide for your child not to receive it, it will not change your child's standard medical care.

**ARE OTHER CHOICES AVAILABLE FOR PREVENTING COVID-19 BESIDES PFIZER-BIONTECH COVID-19 VACCINE?**

For children 5 through 11 years of age, there are no other COVID-19 vaccines available under Emergency Use Authorization and there are no approved COVID-19 vaccines.

**CAN MY CHILD RECEIVE THE PFIZER-BIONTECH COVID-19 VACCINE AT THE SAME TIME AS OTHER VACCINES?**

Data have not yet been submitted to FDA on administration of the Pfizer-BioNTech COVID-19 Vaccine at the same time with other vaccines. If you are considering to have your child receive the Pfizer-BioNTech COVID-19 Vaccine with other vaccines, discuss the options with your child's healthcare provider.

**WHAT ABOUT PREGNANCY OR BREASTFEEDING?**

If your child is pregnant or breastfeeding, discuss the options with your healthcare provider.

**WILL THE VACCINE GIVE MY CHILD COVID-19?**

No. The vaccine does not contain SARS-CoV-2 and cannot give your child COVID-19.


**KEEP YOUR CHILD'S VACCINATION CARD**

When your child gets the first dose, you will get a vaccination card to show when to return for your child's next dose(s) of the vaccine. Remember to bring the card when your child returns.

**ADDITIONAL INFORMATION**

If you have questions, visit the website or call the telephone number provided below.

To access the most recent Fact Sheets, please scan the QR code provided below.

Global website	Telephone number
<p data-bbox="321 1503 618 1535"><a href="http://www.covidvaccine.com">www.covidvaccine.com</a></p> 	<p data-bbox="927 1570 1190 1644">1-877-829-2619 (1-877-VAX-CO19)</p>

## **HOW CAN I LEARN MORE?**

- Ask the vaccination provider.
- Visit CDC at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- Visit FDA at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.
- Contact your local or state public health department.

## **WHERE WILL MY CHILD'S VACCINATION INFORMATION BE RECORDED?**

The vaccination provider may include your child's vaccination information in your state/local jurisdiction's Immunization Information System (IIS) or other designated system. This will ensure that your child receives the same vaccine when your child returns for the second dose. For more information about IISs visit:

<https://www.cdc.gov/vaccines/programs/iis/about.html>.

## **CAN I BE CHARGED AN ADMINISTRATION FEE FOR RECEIPT OF THE COVID-19 VACCINE?**

No. At this time, the provider cannot charge you for a vaccine dose and you cannot be charged an out-of-pocket vaccine administration fee or any other fee if only receiving a COVID-19 vaccination. However, vaccination providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient (private insurance, Medicare, Medicaid, Health Resources & Services Administration [HRSA] COVID-19 Uninsured Program for non-insured recipients).

## **WHERE CAN I REPORT CASES OF SUSPECTED FRAUD?**

Individuals becoming aware of any potential violations of the CDC COVID-19 Vaccination Program requirements are encouraged to report them to the Office of the Inspector General, U.S. Department of Health and Human Services, at 1-800-HHS-TIPS or <https://TIPS.HHS.GOV>.

## **WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?**

The Countermeasures Injury Compensation Program (CIICP) is a federal program that may help pay for costs of medical care and other specific expenses of certain people who have been seriously injured by certain medicines or vaccines, including this vaccine. Generally, a claim must be submitted to the CIICP within one (1) year from the date of receiving the vaccine. To learn more about this program, visit [www.hrsa.gov/ciicp/](http://www.hrsa.gov/ciicp/) or call 1-855-266-2427.

## **WHAT IS AN EMERGENCY USE AUTHORIZATION (EUA)?**

An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical products, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. An EUA is supported by a Secretary of Health and Human Services (HHS) declaration that circumstances exist to justify the emergency use of drugs and biological products during the COVID-19 pandemic.

The FDA may issue an EUA when certain criteria are met, which includes that there are no adequate, approved, available alternatives. In addition, the FDA decision is based

on the totality of scientific evidence available showing that the product may be effective to prevent COVID-19 during the COVID-19 pandemic and that the known and potential benefits of the product outweigh the known and potential risks of the product. All of these criteria must be met to allow for the product to be used in the treatment of patients during the COVID-19 pandemic.

This EUA for the Pfizer-BioNTech COVID-19 Vaccine will end when the Secretary of HHS determines that the circumstances justifying the EUA no longer exist or when there is a change in the approval status of the product such that an EUA is no longer needed.



Manufactured by  
Pfizer Inc., New York, NY 10017

**BIONTECH**  
Manufactured for  
BioNTech Manufacturing GmbH  
An der Goldgrube 12  
55131 Mainz, Germany

LAB-148C-0.3

Revised: 29 October 2021



Scan to capture that this Fact Sheet was provided to vaccine recipient for the electronic medical records/immunization information systems.

Barcode Date: 09/30/2021





# C-EB Upper Elementary School

## SCHOOL-BASED TESTING CONSENT: COVID-19



**Cheyenne-Eagle Butte School** is using this form to receive your consent to test your child for COVID-19 and to share collected data with relevant authorities, should you provide parent/guardian permission.

**What is the test?**

With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.

**How will I find out about the results of the test?**

If your child has a specimen collected for testing at school, you will be notified of the test result or informed of how the test result will be received (for example: by phone, text, or email).

**What should I do when I receive my child's test results?**

If the test is positive, this means that the virus was detected in your child's specimen. You will hear from your child's school or a trained professional about this test. You will be asked to pick up your child and you will be provided information about keeping your child home, following up with your health care provider, and when your child can return to school.

If your child's test results are negative, this means that the virus was not detected in your child's specimen at this time. You will be asked to follow the instructions provided by your child's school following this test result.

<b>CONTACT INFORMATION – Completed by parent/guardian or student (if 18 years of age or older) – Please Print</b>				
<b>Student Last Name:</b>		<b>Student First Name:</b>		<b>MI:</b>
<b>Street Address:</b>		<b>City:</b>	<b>State:</b> SD	<b>Zip:</b>
<b>Date of Birth (MM/DD/YYYY):</b>	<b>Age:</b>	<b>Grade/Teacher:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Transgender – Male to Female <input type="checkbox"/> Transgender – Female to Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender – Unspecified or Gender Non-Specific <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other _____				
<b>Race: (check all that apply)</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other _____ <input type="checkbox"/> Multi-race			<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to Answer	
<b>Parent / Legal Guardian Last Name:</b>		<b>Parent / Legal Guardian First Name:</b>		<b>Phone Number:</b>

By signing below, I attest that:

I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.

I consent that the school may notify my child of the test results.

I consent for my child to be tested by school staff, contracted healthcare personnel, Local and Tribal Health Department staff, and/or other trained personnel as directed by the school.

I understand that this consent form will be valid through 05/23/2022 unless I notify the designated contact person from my child's school in writing that I revoke my consent.

I understand that test results may be shared with the school, the ordering physician, county, and other local, state, and federal public health authorities, as well as other testing partners as permitted by law.

Visit the CDC's Coronavirus webpage for more information on the disease and keeping you and your family safe:

[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus).

**SIGNATURE – Parent/guardian**

**Date Signed**