



## Consent for Abbott BinaxNOW COVID-19 Testing

**TO BE COMPLETED BY THE ADULT BEING TESTED OR  
THE PARENT/GUARDIAN OF THE STUDENT BEING TESTED**

### Contact Information

Please provide contact information for the Arizona Department of Health Services and Pima County Health Department to reach you in the event of a positive test result.

**This contact information is for:**

- An adult being tested
- The parent/guardian of student being tested

<b>Print Name:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip code:</b>	
<b>Phone number:</b>					
<b>Email address:</b>					
<b>Best way to contact you:</b>	<input type="checkbox"/> Phone call <input type="checkbox"/> Email				

### Demographic Information about the Person Being Tested

Demographic information is needed to comply with Arizona Department of Health Services and Pima County Health Department reporting requirements.

<b>Print Name:</b>					
<b>Date of Birth:</b>	____ / ____ / ____ MM / DD / YYYY				
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> A different gender not listed: _____				
<b>Race:</b>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black, or African American, or Black African <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> A different race not listed above: _____				

<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
<b>Employed in healthcare?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Resident in a congregate setting (e.g., care or group home, shelter)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**YOUR CONSENT**

**I consent to the administration of the Abbott BinaxNOW COVID-19 Antigen Card by The Gregory School for myself or the student named above. I certify each of the following:**

*Initial each line separately and sign and date at the bottom.*

- a. \_\_\_\_\_ I have signed this form freely and voluntarily, and I am legally authorized to make decisions for myself or my student named above.
- b. \_\_\_\_\_ I authorize trained staff using the Abbott BinaxNOW Antigen Card to test myself or the student named above for COVID-19 infection.
- c. \_\_\_\_\_ I understand that I or the student named above may be tested multiple times through May 30, 2022, as deemed appropriate by The Gregory School.
- d. \_\_\_\_\_ I understand that The Gregory School will make a good faith attempt to provide notice to me before testing my above-named student, if applicable. By this written consent, however, I authorize the testing of my student in the event I am unable to respond to such notice within a reasonable time.
- e. \_\_\_\_\_ I understand that there is the potential for false positive and false negative COVID-19 test results. I have been informed that a negative test result will not necessarily rule out infection and I am still required to follow The Gregory School’s instructions to prevent the spread of COVID-19.
- f. \_\_\_\_\_ I agree that I will follow the public health recommendations regarding the need for my or my student’s isolation or quarantine following testing.
- g. \_\_\_\_\_ I understand that The Gregory School is not acting as my or my student’s medical provider and testing does not replace treatment by my or my student’s medical provider. I agree I will seek medical advice, care, and treatment from my medical provider if I have questions or concerns or if my or my student’s condition worsens.
- h. \_\_\_\_\_ I understand that all test results and required personal information will be disclosed as permitted by law to the Arizona Department of Health Services, the Pima County Health Department, their contracted services providers, and any other entity required by law.
- i. \_\_\_\_\_ I acknowledge that I have received information about the Abbott BinaxNOW

Antigen Card from The Gregory School and/or can obtain a Fact Sheet about the test at: <https://www.fda.gov/media/141569/download>.

- j. \_\_\_\_\_ I understand that this consent form will be valid until May 30, 2022, unless I choose to revoke my consent. I can revoke my consent by contacting The Gregory School and signing a statement that I choose to revoke my consent.

### NOTIFICATION OF INFORMATION SHARING

Privacy laws allow some information about you or your student to be shared with and among certain Pima County and Arizona state agencies and their contracted service organizations. This information is shared only for public health purposes, which may include contacting you to find out your close contacts and taking other steps to prevent the further spread of COVID-19 in the community. Information about you or your student that may be shared with these agencies and service providers includes: your or your student's name and COVID-19 test results, date of birth/age, gender, race/ethnicity, address, phone number, and email address. Sharing of information about you or your student will only be done in accordance with applicable laws and policies protecting your privacy and the security of your or your student's information. Test results may be shared with the:

- Arizona Department of Health Services (AZDHS)
- Pima County Health Department (PCHD)
- AZDHS and PCHD contracted service providers for COVID-19 case investigation, contact tracing, and other public health functions

### WAIVER OF LIABILITY AND RELEASE OF CLAIMS

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Signature of Adult or Parent/Guardian of Student

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Printed Name of Adult or Parent/Guardian of Student

Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY