

**MOORPARK UNIFIED SCHOOL DISTRICT  
ADMINISTRATION OF COVID-19 TEST  
INFORMED CONSENT AND LIABILITY RELEASE**

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Parent or legal guardian (Please print)

\_\_\_\_\_  
Student address

1. I authorize my child, named above, to be tested for COVID-19 for the purposes of reentry to in-person school and/or other school events including but not limited to testing requirements for school athletics according to the California Department of Public Health (CDPH).
2. I fully understand the risks (minor risk of bloody nose during nasal swab tests) and benefits involved in participating in COVID-19 Testing [RT-PCR Viral RNA, Saliva] and I consent to having the screening performed.
3. I acknowledge that the school or district is entitled to COVID-19 test results, whether COVID-19 test is taken at a school or district site or taken at another location.
4. I understand the district will keep all facts about the COVID-19 test results private pursuant to California *Education Code* sections 49073 et seq., Privacy of Pupil Records, and the federal Family Educational Rights and Privacy Act (FERPA).
5. I authorize my child's test results to be disclosed to the Ventura County Public Health (VCPH), CDPH, or to any other governmental entity as may be required by law.
6. I acknowledge that a positive test result is an indication that my child must self-isolate following VCPH procedures.
7. I understand the testing unit, DxTerity, is not acting as my child's medical provider, this testing does not replace treatment by that medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results.
8. I agree I will seek medical advice, care, and treatment from my child's medical provider if I have questions or concerns, or if my child's condition worsens.
9. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
10. I, the undersigned, have been informed about the test purpose, procedures, possible benefits, and risks, and I have received a copy of this Informed Consent and Liability Release. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

I agree to, and do hereby release and hold the District/School and its governing board, officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the event or activity, including reopening programs or procedures of the District/School for the return of students and participation in such events or activities

I acknowledge that I have carefully read this COVID-19 Testing Informed Consent and Liability Release form and that I understand and agree to its terms.

\_\_\_\_\_  
Signature (Parent or legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home telephone

\_\_\_\_\_  
Work telephone

\_\_\_\_\_  
Mobile telephone