



**STUDENT CONSENT, WAIVER & RELEASE FORM  
FOR COVID-19 RAPID TESTING**

As part of our ongoing efforts to ensure the continued safety of our community, Saint Mark Lutheran Church and its associated school (“School”) has implemented a COVID-19 testing program and will be COVID-19 testing the School’s students randomly and/or as needed.

1. I understand that COVID-19 testing will be conducted on campus by school officials using Abbott Laboratories BinaxNOW COVID-19 rapid antigen self-tests and that Saint Mark is not a CLIA certified testing site.
2. Students will receive COVID-19 testing at no cost to families.
3. Collecting a specimen for rapid testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. Trained school personnel will collect the specimen carefully following the test instructions. I understand that the School is not creating a patient relationship with my child and is not acting as my child’s medical provider. This testing does not replace treatment by my child’s medical provider.
4. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I understand that even if my child tests negative, but has symptoms of COVID-19, I still must consult with my child’s medical provider and isolate my child from campus.
5. I authorize test results to be shared with my child’s medical provider, as well as appropriate public health authorities to the extent required by law.
6. I hereby waive, release, discharge and hold harmless the School, its directors, officers, employees, agents, representatives, associated churches, affiliates and/or assigns (collectively, “School & Church Parties”) from any and all liabilities, claims, actions, damages, penalties, suits, costs, or expenses of any nature whatsoever, arising out of or in connection with my child’s testing. The sole exception is for any loss or damage due to gross negligence or willful or wanton conduct by Saint Mark Lutheran School.
7. Even with this testing program and other safety protocols in place, I understand and assume the risk that my child could still be exposed to persons infected with COVID-19. I understand and agree to the terms of the *COVID-19 Campus Plan Policy and Procedures 2021-2022*.

By signing this, I acknowledge that (1) I have read the above STUDENT CONSENT, WAIVER & RELEASE FORM FOR COVID-19 RAPID TESTING, understand it, and sign voluntarily and without any inducement; (2) I am at least eighteen (18) years of age and are of sound mind; (3) I am the legal guardian of the minor child(ren) listed below and am signing this Agreement on their behalf; and I have consulted with and reached agreement with any other legal parent or guardians of my child that have not signed below, if any, and that all such persons expressly consent to the terms and conditions contained within this document.

Parent/Guardian’s Name: \_\_\_\_\_  
First Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_  
Second Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child’s Name and Age: \_\_\_\_\_  
Child’s Name and Age: \_\_\_\_\_  
Child’s Name and Age: \_\_\_\_\_  
Child’s Name and Age: \_\_\_\_\_