



Haak'u Community Academy & Haak'u Learning Center

20 ___ - 20 ___ School Year

Consent for Minors Undergoing COVID-19 Testing

As the parent or guardian of the minor student named below, I authorize Haak'u Community Academy personnel to collect and test a nasal sample from said student for the presence of SARS-CoV-2 in order to access and remain attending in class lecture.

The test being used is the iHealth, which is an antigen test. Antigen tests are designed to detect proteins from the virus which cause COVID-19 illness.

Furthermore, I understand the potential risks of this procedure include:

- Possible discomfort or other complication that may happen during sample collection.
- Possible false positive, false negative or inconclusive test results.

Potential benefits include:

- The result, along with other information, can help you make informed decisions about your care.
- The results of this test may help limit the spread of COVID-19 to your family and others in your community and the campus community.

Student Name

Student Date of Birth

Parent/Guardian Name (print)

Today's Date

Parent/Guardian Signature