



Pueblo of Laguna
Department of Education
Division of Early Childhood

August 27, 2021

Greetings Families,

We are excited to welcome our families back for a new school year. As we continue to maintain the safety of our staff and students, I would like to share information with you regarding voluntary Covid-19 Diagnostic Testing for your child two (2) years old and up.

On Wednesday, September 15 testing personnel from the Emergency Operations Center will be offering the COVID nasal test at the Laguna Division of Early Childhood. If you choose to have your child tested it will be a drive thru option:

- EHS test time will begin at 8:35 a.m.
- PHS test time will begin at 8:45 a.m.

Parents are able to be with their children when tested. If you voluntarily consent and authorize for your child to be tested, please sign and complete the consent form and return the form via scan/email or drop off the form during the first week of school when dropping off your child at the center or on the bus. DEC must have the consent form on file, completed and signed, prior to testing. Please return the consent form no later than Thursday, September 9, 2021.

In addition to the DEC clinic on September 15, DEC parents will be able to take their children to get tested on Saturday, September 18 at the Law Enforcement Complex between 8:00 a.m. – 9:00 a.m.

If you have any questions or concerns, please contact me. We look forward to seeing all of you back soon.

Have a great school year.

Thank you.

Ruth Hidalgo
Interim Director
Laguna Division of Early Childhood
505.321.8490

**LAGUNA DIVISION OF EARLY CHILDHOOD
INFORMED CONSENT FOR COVID-19 DIAGNOSTIC TESTING**

1. Authorization and Consent for Covid-19 Diagnostic Testing:

I, _____, voluntarily consent and authorize Laguna EOC personnel to conduct collection, testing and analysis for the purposes of a COVID-19 diagnostic test on my child, _____, date of birth: _____, last 4 digits of Social Security #: _____. I acknowledge and understand that the COVID-19 diagnostic test will require the collection of an appropriate sample by a trained Laguna EOC personnel through a nasal swab collection procedure. I understand that there are risks and benefits associated with undergoing a diagnostic test for COVID-19. I assume complete and full responsibility to take appropriate action with regards to my child's test results. Should I have questions or concerns regarding my results, I shall promptly seek advice and treatment from an appropriate medical provider.

2. Release

By signing this permission form

I acknowledge and agree that my child's COVID-19 results may be disclosed to the Laguna Department of Education, appropriate Tribal, county, state, or other governmental and regulatory entities as may be permitted by law.

I to the fullest extent permitted by law, I hereby release, discharge and hold harmless, LDOE and Laguna EOC, including, without limitation, any respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my COVID-19 diagnostic test or the disclosure of my COVID-19 test results.

Printed Name: _____ **Signature:** _____

Date: _____ **Physical Address:** _____

Parent/Legal Guardian Phone #: _____