

South Shore Educational Collaborative

75 Abington Street
Hingham, MA 02043
www.ssec.org



Phone: 781-749-7518
Fax: 339-201-4779
E-mail: info@ssec.org

Student Consent Form for Symptomatic COVID -19 Testing at School

Parent/Guardian Name (print): _____

Parent/Guardian Cell Ph. # _____

Parent/Guardian Email Address: _____

Student Name (print): _____

Student Date of Birth: _____ Student Grade Level: _____

Student Address: _____

- Yes**, I give permission for my child to be COVID tested if they present with symptoms at school.
- No**, I do not give permission for my child to be COVID tested if they present with symptoms at school.

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

I authorize collection and testing of a sample from my student for COVID-19 at school with an individual rapid antigen test if they are presenting with symptoms while at school (**I acknowledge that my child should not go to school if exhibiting COVID symptoms while at home**). Testing consists of a shallow nasal swab to both nostrils and takes 15 minutes to complete.

I realize that I can change my mind and cancel testing at any time, but that such cancellation is forward looking only, and will not affect information previously released. To cancel this permission for COVID-19 testing or to ask additional questions, I need to contact Nurse Paula Allen @ nursing@ssec.org or call: 339-201-4557.

Parent Signature: _____ Date: _____

The South Shore Educational Collaborative serves Braintree, Cohasset, Hingham,
Hull, Marshfield, Milton, Norwell, Quincy, Randolph, Scituate and Weymouth