



OPTIONAL RANDOM IN-SCHOOL TESTING

Your school district, in coordination with CCC and our partners, will be conducting random regular tests of students and staff in schools. To facilitate this, we are asking your permission to allow yourself or your child to be selected for COVID-19 testing one or more times in the coming months. If I select “Yes” below, I understand that I or my child may be selected for COVID-19 testing one or more times at random. If you ARE NOT willing to allowing yourself or your child to be selected in this manner, please check “no” below.

I allow myself or my child to participate in optional, random on-going testing in school?

YES

NO

Name of Participant: _____

Student ID #: _____ School: _____

Date of Birth: _____

Address: _____

Phone #: _____

Ethnicity:

- Hispanic or Latino/a
- Not Hispanic or Latino/a
- Unknown

Race:

- American Indian or Alaska Native
- American Indian from South or Central America
- Asian
- Black or African American
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White Caucasian
- Other
- Prefer Not to Disclose

Sex:

- Male
- Female
- Non-binary
- Decline to answer

Parent/Guardian Signature: _____

Printed Name of Parent/Guardian: _____

Today's Date: _____