



**HCPSS Student Consent Form
COVID-19 Testing Program**

HCPSS will offer a voluntary K-12 COVID-19 Testing Program that will provide free COVID-19 tests for students and school-based staff who develop COVID-like symptoms or are identified as [close contacts](#) while they are in a school building. Parents/guardians should not send their children to school, and staff should not report to work if they are presenting COVID-like symptoms. Written consent is required by a parent/guardian or eligible student. Full details are available on the HCPSS website.

Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34

C.F.R. part 99), the written consent of a parent or eligible student is required before the education records of a student, or personally identifiable information contained therein, may be disclosed to a third party, unless an exception to this general requirement of written consent applies. If students are age 18 years or older, they are considered “eligible students” and must provide written consent for the disclosure of their education records or personally identifiable information contained therein.

I, _____ hereby authorize the COVID-19 testing and agree to allow the Howard County Public School System to disclose the following personally identifiable information or education records:

- rapid antigen point-of-care (POC) tests
- polymerase chain reaction (PCR) specimen collection test

for _____ to the Maryland Department of Health and Howard County Health Department for the purpose of COVID-19 contact tracing.

This consent remains in effect unless withdrawn by a written revocation signed, dated and received by the school nurse.

Please print, complete and return this form to the school nurse or health assistant.

Signature of Parent, Guardian, or Eligible Student

Date