Northland College
Student COVID-19 Testing Consent Form

Please carefully read and sign the following Informed Consent:

1. I am a student enrolled at Northland College for the 2020-2021 academic year, or I am the parent or legal guardian (if the student is a minor or dependent) of the student named below
2. I authorize Northland College to collect and perform (or arrange for the performance of) *SARS Antigen Immunoassay (e.g., mid-turbinate nasal swab*) test for coronavirus ("**COVID-19**") periodically throughout the 2020-2021 academic year for the Northland College student named below.
3. I understand that I (or my student) must complete this form before I(or my student) may return to campus and attend classes
4. I understand that if I do not complete this form and I refuse for the student named below to participate in COVID-19 testing, the student named below will not be allowed to return to in-person classes or housing on campus.
5. I understand that I will not be charged for COVID-19 testing.
6. I understand that test results will be maintained confidentially consistent with applicable law. I acknowledge that Northland College may be required to disclose the test results to the county, state, or to any other governmental entity as may be required by law.
7. I acknowledge that Northland College may require self-isolation, wearing a face mask, and/or other mitigation efforts in the event of a positive or inconclusive test result in an effort to avoid infecting others. I understand that failure of the student named below to comply with such requirements from Northland College may result in violations to our Code of Conduct, and appropriate conduct process.
8. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
9. I understand Northland College is not acting as the medical provider of the student named below, this testing does not replace treatment by a medical provider, and I assume complete and full responsibility to take appropriate action with regard to the test results. I agree I will seek medical advice, care, and treatment for the student named below from a medical provider if I have questions or concerns.

I acknowledged that I have personally read this form (or had it explained to me) and fully understand and agree to its contents. I have been given the opportunity to ask questions to my satisfaction, and the test purpose, procedures, possible benefits, and risks in a language I understand.

_____
Date

_____ _____
Student: First Name, Last Name

_____ _____ _____
Student ID Social Security Number Date of Birth

_____
Signature of student (or student's parent/appointed guardian and relationship to student if student is a minor)

Please bring this form with you to your testing appointment.