

**LOS ANGELES UNIFIED SCHOOL DISTRICT
INFORMED CONSENT FOR COVID-19 PERIODIC TESTING FOR HYBRID INSTRUCTION**

Individual Tested Name-Last	First	Middle
Date of Birth (mm/dd/yyyy)	Grade	Home Phone
Name of School		Parent/Legal Guardian Emergency Phone Number

Please carefully read the following informed consent:

1. I, on behalf of myself or my minor son/daughter/legal dependent (the “student”), have previously provided informed consent for Los Angeles Unified School District (hereinafter “LAUSD”) and/or an independent laboratory acting on LAUSD’s behalf to conduct collection and testing for exposure to the 2019 Novel Corona Virus (COVID-19).
2. I understand that the District incorporates COVID-19 testing into regular school operations, and as part of the Return to School will provide periodic testing at school during the school day at a designated prearranged time for both morning and afternoon cohorts.
3. I acknowledge that testing will initially be provided on a weekly basis to all students in hybrid instruction, subject to adjustments in frequency based on public health guidance and community prevalence.
4. I acknowledge that each minor child for whom I have previously provided consent to testing can be tested for COVID-19 during school hours without my presence, when they participate in hybrid instruction.
5. By signing this form, I acknowledge that the previous informed consent I provided for COVID-19 testing for the student will apply to the periodic testing described herein. That form is hereby incorporated as though fully set forth herein.

ACCEPTANCE

I, the undersigned, hereby consent to the student participating in periodic COVID-19 testing as set forth herein.

Signature	Relationship to student	Date (mm/dd/yyyy)
Address		Telephone
Signature verified by (OFFICE USE ONLY)		Date (mm/dd/yyyy)