



# AGBU MANOOGIAN-DEMIRDJIAN SCHOOL

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### **AUTHORIZATION FOR ON-CAMPUS COVID-19 TESTING OF STUDENT WITHOUT PARENT/GUARDIAN PRESENT**

I, the parent or legal guardian of \_\_\_\_\_ [Print Student Name] (“Student”) understand that AGBU Manoogian-Demirdjian (the “School”) will be administering COVID-19 testing on campus during the 2021-2022 school year as part of its safety protocols to limit the spread of COVID-19. I hereby authorize the School and its employees, agents, representatives and contractors to administer COVID-19 testing on Student throughout the 2021-2022 school year at a frequency determined by the School.

**Authorization to Participate in COVID-19 Testing:** The purpose of this authorization is to allow the School to protect its community while on campus. COVID-19 is a highly communicable disease. The School’s goal is to work collaboratively to decrease the risk of infection during the school year. To aid in this effort, the School is requiring that students undergo COVID-19 testing throughout the 2021-2022 school year.

COVID-19 testing will be conducted on campus through a process that involves swabbing Student’s nose or mouth and then delivering the specimen to PrimeLab, Inc. (“PrimeLab”) for analysis. The School has hired PrimeLab, Inc. an outside contractor, to administer COVID-19 testing for all students and staff, and representatives from PrimeLab will conduct the testing on campus. The testing will take place at a scheduled time throughout the school day, or at another time of the day, as may be determined by the School. I hereby authorize Student to participate in COVID-19 testing on campus as described herein. I understand that as the parent or legal guardian of Student, I will not be present when the COVID-19 tests are administered to Student.

I understand that I will receive test results by providing my email address on the initial requisition form emailing. I understand that any test results maintained by the School will be stored in a confidential manner.

I further understand that the School reserves the right to require additional or subsequent testing in order to promote healthy and safe conditions for all students. The frequency of required testing will be determined by the School consistent with federal, state, and local guidance.

Accredited by WASC

6844 Oakdale Avenue, Canoga Park, CA 91306 | Tel: (818) 883-2428 | Fax: (818) 883-8353 | [www.agbumds.org](http://www.agbumds.org)



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I acknowledge that the School’s COVID-19 testing representative is not acting as Student’s medical provider and does not replace treatment by Student’s own medical provider, and I assume complete and full responsibility to take appropriate action with regard to Student’s test results. I agree that I am responsible for seeking medical advice, care and treatment from Student’s own medical provider if I have questions or concerns, or if the Student’s condition worsens.

Entire Authorization. This Authorization constitutes a single, integrated contract expressing the entire understanding of the parties with regard to the subject matter addressed in this Authorization: there are no other agreements, written or oral, express or implied, between the parties concerning the subject matter of this Authorization.

I authorize and consent to having Student undergo the School’s COVID-19 testing throughout the 2021-2022 school year. I understand that this authorization is voluntary and I affirm that I am signing this authorization voluntarily.

If Student has two living parents/legal guardians, both must sign this Authorization

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Parent/Guardian Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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Name of Student: \_\_\_\_\_

DOB of Student: \_\_\_\_\_ Grade: \_\_\_\_\_