

ENGAGE. EDUCATE. EMPOWER.

STUDENT ANITGEN TEST AUTHORIZATION FORM

We, the Student and the student's Parent(s) or Guardian(s) as identified below, individually and collectively grant the North Newton School Corporation, and/or its agents ("NNSC"), permission to test Student for COVID-19 antigens using nasal swab, throat swab or other methods deemed appropriate under prevailing medical standards and practices. We further give NNSC permission to notify appropriate school authorities (as well as the undersigned) and public health authorities of Student's test(s) results. We understand and agree that permission is ongoing and authorizes current and future testing on an as needed basis as determined by NNSC, and that I can withdraw my consent at any time by submitting a written request to the Superintendent to do so.

PARENT/GUARDIAN AUTHORIZATION

Signature: _____

Printed

Name: _____

Date: _____

ADDITIONAL PARENT/GUARDIAN AUTHORIZATION

Signature: _____

Printed

Name: _____

Date: _____

STUDENT AUTHORIZATION

Signature: _____

Printed

Name: _____

Date: _____



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Superintendent
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