

Child COVID-19 Contact Tracing Consent Form

Purpose:

COVID-19 is an infectious virus that spreads primarily from person-to-person through respiratory droplets. Proximity to others presents a risk of infection and disease spread. The purpose of this "Child COVID-19 Contact Tracing Consent Form" is for parents or legal guardians to consent to contact tracing should their child come in close contact with an infected person while attending school or a school function in Lansing USD-469.

Authorizations:

- I DO NOT consent the release of my child's confidential information to KDHE/Leavenworth County public health office.
- I DO consent to the release of my child's confidential information to KDHE/Leavenworth County public health office.

I understand I can contact my child's school at any time to end my child's participation in the contact tracing program.

Acknowledgements:

I agree to seek medical advice, care, and treatment from my healthcare provider if I have questions or concerns.

Student Name: _____

Address: _____ Apt #: _____

City: _____ Zip code: _____

Phone number: _____

Email: _____

School name: _____

Grade level: _____

Date of birth: _____

Sex:

Female

Male

Parent or Guardian's name _____

Parent or Guardian's signature _____

Date _____