



**The
MacDuffie
School**

OPT OUT FORM
for COVID-19 Testing
School Year 2022-2023

Student's Name (please print): _____

The MacDuffie School will conduct the following free COVID-19 testing at school to detect and minimize COVID-19 spread in our school communities.

- Screen testing with rapid antigen self administered covid tests - this will be the first 3 weeks of school, and on an as needed basis upon returning from school breaks (depending on surrounding community spread)
- Symptomatic testing with rapid antigen self administered tests in the Health Center

If this form is completed, signed, and returned to the Health Center, COVID-19 self-tests will not be distributed to the student for (check all that apply):

- Screen testing
 Symptomatic testing

To initiate the "opt out" request, this form should be completed and signed by EITHER the student's parent/legal guardian or the eligible student if age 18 or older. The opt-out form is valid for the school year described, unless the school is notified in writing of the decision to revoke the opt-out form.

Check the appropriate box:

As a parent/legal guardian of this student, I am exercising my right to "opt out" from the distribution of free COVID-19 self-tests. I understand that if I do not "opt out," COVID-19 self-tests will be provided to the student for in school covid testing. I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student named above.

Parent/Legal Guardian's Signature _____

Parent/Legal Guardian's Name (printed) _____

Date : ___ / ___ / _____

As an eligible **student age 18 or older**, I am exercising my "opt out" from the distribution of free COVID-19 self-tests. I understand that if I do not "opt out," the free COVID-19 self-tests will be provided for in school testing. I have signed this form freely and voluntarily, and I am legally authorized to make decisions for myself.

Student's Signature: _____

Student's Name (printed): _____

Date : ___ / ___ / _____