Stephen F. Dockray
Superintendent-Director

Michael J. Procaccini
Principal

Daniel Haynes
Business Manager

TRI • COUNTY

REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL
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MEMBER TOWNS:
Franklin, Medfield, Medway, Millis, Norfolk, North Attleboro, Plainville, Seekonk, Sherborn, Walpole, Wrentham

AUTHORIZATION FOR ADMINISTRATION OF COVID-19 TEST DURING SCHOOL

This consent is intended for students 18 and over.

By completing and signing this form, I confirm that I authorize ___________________ (designated provider) to perform a COVID-19 test on me during school hours on ________________ (date). I understand that such testing is optional. I can refuse to sign this authorization.

NAME OF STUDENT: ____________________________DATE OF BIRTH____________________

ADDRESS: _____________________________________TELEPHONE #: ____________________

Demographic Information:

The Department of Public Health is collecting the demographic information requested below.

What is your race? (Select all that apply):

____ American Indian/Alaskan Native
____ Asian
____ Black/African American
____ Native Hawaiian/Pacific Islander
____ White
____ Other
____ Unknown

Are you of Hispanic origin? (Select one):

____ Yes
____ No
____ Unknown

What is your gender? (Select one):

____ Male
____ Female
____ Transgender
____ Unknown

Do you have a disability? (Select one):

____ Yes
____ No

Are you pregnant?

____ Yes
____ No

What is your primary language? _________________________________

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Emergency Contact:

In case of emergency, please notify:

____ ____________________________________

Name Relationship to you

____ ____________________________________

Address Telephone number

Test Results (please initial):

____ I recognize that the designated provider named above will share the test result with me and will report that result to the appropriate public health authority (the Massachusetts Department of Public Health and/or the student's local board of health) as required by state law.

Individuals are encouraged to share the test results with the school department in order to promote public safety.

By signing, I confirm that I am not showing signs of COVID-19 symptoms (such as fever, congestion, or nausea), and I have not been notified I was in close contact with anyone confirmed to be positive with COVID-19.

Authorized Signatory:

____

Name (Print)

____ ____________________

Signature Date