

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
INFORMED CONSENT FOR COVID-19 PERIODIC TESTING FOR HYBRID INSTRUCTION**

Individual Tested Name-Last	First	Middle
Date of Birth (mm/dd/yyyy)	Grade	Home Phone
Name of School		Parent/Legal Guardian Emergency Phone Number

**Please carefully read the following informed consent:**

1. I, on behalf of myself or my minor son/daughter/legal dependent (the "student"), have previously provided informed consent for Los Angeles Unified School District (hereinafter "LAUSD") and/or an independent laboratory acting on LAUSD's behalf to conduct collection and testing for exposure to the 2019 Novel Corona Virus (COVID-19).
2. I understand that the District incorporates COVID-19 testing into regular school operations, and as part of the Return to School will provide periodic testing at school during the school day and a designated rearranged time for both morning and afternoon cohorts.
3. I acknowledge that testing will initially be provided on a weekly basis to all students in hybrid instruction, subject to adjustments in frequency based on public health guidance and community prevalence.
4. I acknowledge that each minor child for whom I have previously provided consent to testing can be tested for COVID-19 during school hours without my presence, when they participate in hybrid instruction.
5. By signing this form, I acknowledge that the previous informed consent I provided for COVID-19 testing for the student will apply to the periodic testing described herein. That form is hereby incorporated as though fully set forth herein.

**ACCEPTANCE**

I, the undersigned, hereby consent to the student participating in periodic COVID-19 testing as set forth herein.

Signature	Relationship to student	Date (mm/dd/yyyy)
Address		Telephone
Signature verified by (OFFICE USE ONLY)		Date (mm/dd/yyyy)