



LNS Student COVID-19 Testing Opt-Out Notice

Dear Parent or Guardian,

Beginning on August 31, 2022 through August 30, 2023, Lummi Nation School will be testing students for COVID-19 if there is any concern for COVID exposure or infection. You may opt out of having your child tested for COVID-19 by completing the attached form. If you do not complete and return the opt-out form, you will be presumed to have consented to the following:

- I consent for my child to be tested for COVID-19 infection by Lummi Nation School staff or Lummi Tribal Health personnel.
- I understand that collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.
- I consent that the school may notify my child of the test results.
- I understand that my child may be tested multiple times.
- I understand that school staff performing the test are not acting as my child's medical provider and that testing does not replace treatment by a medical provider.
- I understand that my child's test results and other information may be disclosed to Lummi Nation School staff, Lummi Tribal Health Center, and as otherwise permitted by law.

If you do not wish for your child to be tested, we must receive your completed form no later than August 29, 2022. If you wish for your child to participate in COVID-19 testing as described above, **no further action is required.**

If you have any questions or concerns, please contact the Lummi Nation School nurse.

K-12 School Nurse

Lummi Nation School

Office: 360-758-4369



Lummi Nation School

Educational Excellence for the Future

LNS Student COVID-19 Testing Opt-Out Form

***Complete this form only if you do not wish for your child to participate in COVID-19 testing.**
You may choose to opt back in at any time by written request.

Student Name: _____

Date of Birth: _____

By signing below, I certify that I am legally authorized to make decisions for the child named above and that I **do not** wish for my child to undergo testing for COVID-19 at Lummi Nation School.

Signature of Parent/Guardian

Print Name

Date

Please return this form to the address listed below:

Mail or drop off: 2334 Lummi View Drive, Bellingham, WA 98226

Email: Nurses@lummi-k12.org