



Lower Kuskokwim School District

Mikelnguut Elitnaurviat Primary School
P.O. Box 900 • Bethel, Alaska 99559-0900
907 543-2845 FAX 907 543-2429

March 29, 2021

Dear Parent/Guardian,

Symptom free schools are essential to preventing COVID-19 outbreaks. All teachers, staff, and students should be advised to stay home if they are sick with any of the following symptoms: fever, cough, nasal congestion or runny nose, loss of taste or smell, sore throat, difficulty breathing, diarrhea, nausea or vomiting, stomachache, fatigue, headache, muscle or body ache, poor appetite.

As a part of our school's mitigation plan to prevent the spread of COVID-19, and by the recommendation of YKHC, **voluntary COVID-19 testing will be conducted at schools**. Screening testing is intended to identify infected asymptomatic individuals who may be contagious so that measures can be taken to prevent further transmission. Screening testing can identify cases early, and can minimize secondary transmission.

By **signing the document titled "RELEASE OF TESTING RESULTS WAIVER"**, you understand that you are agreeing to have your child tested for COVID-19 and the results reported to the State of Alaska and YKHC.

Thank you,

A handwritten signature in cursive script that reads "Jazzmin LaValle".

Jazzmin LaValle
Principal
Mikelnguut Elitnaurviat

RELEASE OF TESTING RESULTS
AND WAIVER OF CLAIMS

Individual Name: _____ DOB: _____

Address: _____

Phone #: _____

Name of Parent / Guardian (if Individual is under 18 years of age) _____

Relationship to Individual (if Individual is under 18 years of age) _____

Individual has requested that the Lower Kuskokwim School District (LKSD) test Individual to determine if Individual is currently infected with the COVID-19 virus. Individual agrees that LKSD may be required to report positive test results directly to the State of Alaska pursuant to 7 AAC 27.005(a)(20) and specific directives relating to the COVID-19 pandemic. Individual also understands and agrees that the Yukon-Kuskokwim Health Corporation (YKHC) will be notified of positive results. In signing this agreement, Individual expressly authorizes the disclosure of the records in the manner described above.

Individual understands and agrees that LKSD and YKHC have the absolute discretion to choose the brand and type of test(s) used based on available supplies, patient and workforce demands, as well as any guidance currently in effect issued by the Food and Drug Administration or Centers for Disease Control and Prevention. Individual may request details about the type of testing used by LKSD.

Individual understands that testing for the COVID-19 virus and interpretation of the test results is not perfect, and false positives or false negatives are possible. Individual voluntarily and on behalf of Individual and Individual's heirs and assigns, hereby releases and forever discharges LKSD and YKHC, their officers, directors, trustees, board members, providers employees, agents, attorneys and assigns from all claims, demands, actions and causes of action whatsoever, of any sort, whether known or unknown, arising now, in the future, from or relating to in any manner whatsoever, LKSD's testing of Individual pursuant to this Agreement or disclosure made as otherwise required by law.

BY SIGNING THIS AGREEMENT I AM REPRESENTING THAT I HAVE READ AND UNDERSTOOD THIS RELEASE OF TESTING RESULTS AND WAIVER OF CLAIMS AND I AGREE TO BE BOUND BY ITS TERMS AND ASSUME ALL RISKS INHERENT IN OR ARISING FROM TESTING FOR COVID-19.

Individual (or Parent/Guardian if under 18 years of age) Signature: _____

DATED _____, 2021