



# Los Angeles County Office of Education

Serving Students ■ Supporting Communities ■ Leading Educators

Dear Parents, Caregivers, and Guardians,

Debra Duardo, M.S.W., Ed.D.  
Superintendent

Los Angeles County  
Board of Education

Betty Forrester  
President

James Cross  
Vice President

Judy Abdo

Yvonne Chan

R. Michael Dutton

Stanley L. Johnson, Jr.

Monte E. Perez

Thank you for your continued partnership during this unprecedented 2021-2022 school year. LACOE is excited to share that, in an effort to prevent the spread of COVID-19, LACOE will be offering free COVID-19 testing programs for all vaccinated and unvaccinated students at our schools.

By working together to test students, LACOE will keep the entire school community safer. Positive cases will be identified more quickly, which will reduce any potential spread of COVID-19 in our schools.

COVID-19 tests will be performed weekly with a shallow nasal swab or saliva test for participating students. Schools will receive the results within 24-48 hours.

- If the result of the test is negative, then the student is presumed to not have COVID-19.
- If the result of the test is positive, then the student must isolate at home for 10 days per LA County Department of Public Health directives.

**The purpose of this letter is to obtain your permission to test your child as part of this free COVID-19 testing program.**

**If you do not provide permission to test your child on campus, your student must be tested by your healthcare provider or at a free Los Angeles County testing site. Please visit LA County COVID-19 Testing for no-cost testing locations in your area: <https://covid19.lacounty.gov/testing/>**

Open in new window Change language

Enter your location

Los Angeles, CA

Walk-up

Drive-up

No appointment necessary

Test minors (17 and under)

Include sites with unknown availability

Show sites available:

Today (Sun, Aug 8)

Tomorrow (Mon, Aug 9)

Next Day (Tue, Aug 10)

In 3 days (Wed, Aug 11)

Search again when I move the map

**Failure to provide negative test results will result in exclusion from school.**

**The weekly testing date/time will be provided to you in a separate communication.**

LACOE is extremely grateful to our committed staff and families who continue to show great flexibility and resilience as we navigate this school year. It takes all of us working together to contain the spread of this virus. LACOE is excited to add free COVID-19 testing as another mitigation strategy as we continue to work together toward the safe return of all students and staff to school. COVID-19 testing will become even more important as more students and staff return to school.

If you have questions regarding the COVID-19 testing program, please reach out to our school nurse Breanna Moya ([moya\\_breanna@lacoed.edu](mailto:moya_breanna@lacoed.edu)) or Ginger Paul, principal ([paul\\_ginger@lacoed.edu](mailto:paul_ginger@lacoed.edu)).

Sincerely,

Jason Hasty  
Executive Director, Educational Programs  
Los Angeles County Office of Education

**Student/Parent Opt-In Form for Weekly School-Based Testing  
(Valencia Labs or Fulgent Labs PCR/molecular tests)**

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

- A. I authorize the collection and testing of a weekly COVID-19 test on my student during school hours.
- B. I authorize the collection and testing of any necessary individual diagnostic tests on my student, including PCR/molecular tests.
- C. I understand that all sample types will be non-invasive, short nasal swabs.
- D. I understand and agree that my student's personal health information and personally identifiable information from education records may be entered into the testing provider's technology platform to assist with tracking testing and identifying individuals in need of follow-up testing.
- E. I understand that I will be notified about the results of any individual diagnostic test for COVID-19, performed on my student.
- F. I understand that there is the potential for a false positive or false negative COVID-19 test result for individual tests. Given the potential for a false negative, I understand that my student should continue to follow all COVID-19 safety guidance, including mask-wearing and social distancing, and follow school protocols for isolating and testing in the event the student develops symptoms of COVID-19.
- G. I understand that staff administering the tests have received training on safe and proper test administration. I agree that neither the test administrator nor LACOE nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the COVID-19 testing program.
- H. I understand that my student must stay home if feeling unwell. I acknowledge that a positive individual test result is an indication that my student must stay home from school, self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- I. I understand the school system is not acting as my student's medical provider, this testing does not replace treatment by my student's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my student's test results. I agree I will seek medical advice, care and treatment from my student's medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care my student receives from their healthcare provider.
- J. I understand that follow-up and testing may create protected health information (PHI) and other personally identifiable information of the student. Pursuant to 45 CFR 164.524(c)(3), I authorize and direct the testing provider to transmit such PHI to my student's school, the Department of Public Health, and the testing laboratory. I further understand that PHI may be disclosed to the Executive Office of Health and Human Services and any other party, as authorized under HIPAA.
- L. I understand that authorizing these COVID-19 tests for my student is optional and that I can refuse to give this authorization, in which case, my student will not be tested.
- M. I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released. To cancel this permission for COVID-19 testing, I need to contact the school nurse and/or the school principal.

**LACOE COVID-19 Screening Opt-In/Consent Form**

**I understand that I can change my mind and cancel this permission at any time. To cancel this permission for COVID-19 testing, I need to contact the school nurse and/or the school principal.**

I, \_\_\_\_\_:

- Provide consent for my student to participate in LACOE’s free, COVID-19 Screening.
- Provide consent for my student to participate in LACOE’s free, COVID-19 Testing.

***Note: If you do not provide consent for your student to participate in testing on campus, your student must be tested by a healthcare provider or at a free Los Angeles County testing site. Failure to provide negative test results will result in exclusion from school.***

By signing this, I understand and agree that my student will wear a mask when indoors at school and follow all COVID-19 mitigation protocols as set forth by LACOE.

- Name of Student(s): \_\_\_\_\_  
Grade(s): \_\_\_\_\_
- Signature of Parent: \_\_\_\_\_
- Signature of Student: \_\_\_\_\_

Today’s Date: \_\_\_\_\_