



Sentinel Public Schools

COVID-19 Student Testing Permission Form

Student Name: _____ Date of Birth: _____

Grade: _____ Parent's Phone Number: _____

Please complete the information below if you would like your child to be screened for COVID-19 at school.

By checking this box, I agree and give permission for my child to participate in school-based screening for COVID-19. I also agree that I have read and understand the guidelines for the Sentinel Public Schools testing program.

*Note: By law, the results of rapid testing will be reported to the Oklahoma State Department of Health

*Note: Consent is good for the 2020-2021 school year and may be revoked at any time.

Please complete the information below for the day of your rapid test.

Name of Student: _____ Date: _____

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

To set up your appointment to test, please contact Nurse Donna Lankford at 580-393-4750 or djlankford@sentinel.k12.ok.us