



IRVINGTON PUBLIC SCHOOLS
Office of the Superintendent

Dr. April Vauss
Superintendent of Schools

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Covid-19 Testing Parent Consent Form (students 16 and older)

Student's Full Name: _____

School: _____

Grade: _____

Parent/Guardian Information

Parent/Guardian Full Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Insurance Policy Holder: _____

Insurance Company Name: _____

Insurance ID Number: _____

My child does not have insurance

Yes, I give my parental consent for my child (16 and older) to be tested by the Irvington Board of Education in my absence. I understand this allows my child (16 and older) to be tested at the designated Irvington Board of Education Testing Site and personal submission of the test results to the district.

I understand that my child's test results and other information may be disclosed as permitted by law. I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.

Signature of Parent/Guardian: _____

Date: _____ (if child is under age 18)

Signature of Student: _____

Date: _____ (if age 18 or over or otherwise authorized to consent)