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**SEQUOYAH SCHOOLS**  
*School of Choice*



Corey Bunch  
*Superintendent*

Natalie Cloud  
*Principal*

Jeromie Hammer  
*Elementary Principal*

P.O. Box 520 • Tahlequah, OK 74465  
 918-453-5400 • 1-888-467-4746

Chuck Hoskin Jr.  
*Principal Chief*

Bryan Warner  
*Deputy Principal Chief*

**COVID-19 TESTING CONSENT FORM**

*Please print the following:*

Student Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

*I, \_\_\_\_\_, authorize the school nurse, appropriate school staff at Sequoyah High School, and/or CNHS staff to test my student for COVID-19 with the current rapid testing method using one of the following specimen types: Nasal swab, nasopharyngeal swab, or throat swab. I understand that this testing may occur at multiple times throughout the 2020-2021 school year. By signing this form, I am attesting that I have the legal authority and power to make the decisions for the student named above.*

*Signature: \_\_\_\_\_ Date: \_\_\_\_\_*