



STATE OF HAWAII
DEPARTMENT OF EDUCATION

OPT OUT FORM
for COVID-19 Self-Tests
School Year _____

The Hawaii State Department of Education is distributing free COVID-19 self-tests at schools to detect and minimize COVID-19 spread in our school communities.

If this form is completed, signed, and returned to the student's school, COVID-19 self-tests will not be distributed to the student.

To initiate the "opt out" request, this form should be completed and signed by EITHER the student's parent/legal guardian or the eligible student if age 18 or older. The opt-out form is valid for the school year described, unless the school is notified in writing of the decision to revoke the opt-out form.

Student's Name (please print) _____

School _____

Date _____

Check the appropriate box:

- As a parent/legal guardian of this student, I am exercising my right to "opt out" from the distribution of free COVID-19 self-tests. I understand that if I do not "opt out," free COVID-19 self-tests will be provided to the student to take home for personal use or to be used by a household member. I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student named above.

Parent/Legal Guardian's Signature _____

Printed Parent/Legal Guardian's Name _____

OR

- As an eligible student age 18 or older, I am exercising my "opt out" from the distribution of free COVID-19 self-tests. I understand that if I do not "opt out," the free COVID-19 self-tests will be provided to take home for personal use or to be used by a household member. I have signed this form freely and voluntarily, and I am legally authorized to make decisions for myself.

Eligible Student's Signature _____

Printed Student's Signature _____

School Use Only

Student's ID # _____

School Code _____