

COVID-19 Student Testing Consent Form

The purpose of this COVID-19 Student Testing Consent Form is for parents or legal guardians to consent to COVID-19 testing for their child at school.

Child's Name: _____ DOB: _____

School: _____ Grade: _____

Address: _____

Parent/Guardian Name: _____

Phone: (W) _____ (C) _____ (H) _____

Okay to text? YES or NO Email Address: _____

Please carefully read and sign the following informed consent for COVID-19 testing at school.

- 1) I understand the COVID-19 testing options available to my child and authorize USD 447 to conduct specimen collection and testing for COVID-19 for my child through a nasal swab collection as ordered by an authorized medical provider or public health official.
- 2) I understand and agree that in order to participate in Test to Know/Test to Stay modified quarantine my child must wear a mask when indoors at school and be tested daily with an antigen test for the duration of the modified quarantine.
- 3) If my child has a specimen collected for testing at USD 447, the school will notify me of the test results via my contact information provided on this consent form using non-secure methods (email, etc.), and I understand the risks involved.
- 4) I authorize the test results to be disclosed to the school districts Point of Contact in collaboration with the Montgomery County Health Department and Kansas Department of Health and Environment.
- 5) I acknowledge that a positive test result is an indication that my child must self-isolate to avoid infecting others for a minimum of 10 days. I also agree to assist the school with identification of any close contacts which occurred within the 48 hours prior to test sample collection.
- 6) I understand that USD 447 is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I will seek medical advice, care and treatment from my child's medical provider if I have questions and concerns.
- 7) I understand that, as with any medical test, there is the potential for false positive and false negative COVID-19 test results and that USD 447 will collaborate with the Montgomery County Health officer for testing guidance and recommendations as needed.
- 8) I, the undersigned, have been informed about the test(s) purpose, and voluntarily agree to allow my child to be tested for COVID-19.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

I authorize my child to participate in COVID-19 testing at school as noted above in item #1 for the duration of the 2021-2022 school year:

Signature: _____ Date: _____
(Parent/Guardian Signature)