STUDENT COVID-19 TESTING CONSENT FORM

Purpose:

To prevent the spread of COVID-19, testing, contact tracing, and isolation of infected people supports the health and safety of the community. The purpose of this "Student COVID-19 Testing Consent Form" is for parents or legal guardians to consent to COVID-19 testing for their student when their student screen positive for symptoms of COVID-19, which may include: fever, cough, shortness of breath or difficulty breathing, muscle or body aches, headache, sore throat, fatigue, congestion or runny nose, nausea or vomiting, or high body temperature; OR for the purpose of completing DOH mandated screening testing for participation in certain curricular or extracurricular activities.

The District will use the BinaxNow™ COVID-19 Ag Cards or CareStart COVID-19 Antigen test. These are rapid tests for the qualitative detection of COVID-19 antigens in nasal swab specimens. PCR tests will also be administered, based upon need.

Authorizations:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student named below.
- I authorize the Monroe School District to test my student for COVID-19 infection should my student screen positive for symptoms of COVID-19.
- I understand that my student may be tested multiple times during the 2021-2022 school year.
- I understand that this consent form will be valid through June 27, 2022, unless I revoke such consent in writing.
- I understand my student’s health information is protected by the Family Educational Rights and Privacy Act ("FERPA") and will not be disclosed to the public. However, non-identifying information may be disclosed to protect the health and safety of the community.
- I authorize my student’s test results and other information to be disclosed to any governmental entity as may be required or permitted by law.
- I acknowledge that a positive test result will require my student to be sent home from school and remain at home until he/she meets the criteria to return to school according to the Snohomish County Department of Health and the Washington Department of Health.
- I understand that this testing does not replace treatment by my student’s medical provider, and I assume complete and full responsibility to take appropriate action regarding my student’s test results. I agree that I will seek medical advice, care, and treatment for my student from his/her medical provider if I have questions or concerns or if I become ill or my condition worsens.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
PCR Test Consent information:

- The COVID-19 tests are shallow nasal swabs, which are quick and painless, and will be self-administered under observation by a trained person. A company called Curative will process and analyze the test results and will share the results with the School District and notify the parent/guardian.
- By signing below, you authorize Curative to release the results of your child’s COVID-19 test results to Monroe School District. This information will be used for the purpose of addressing the health and safety of students and staff through medical surveillance of COVID-19 cases in our school.

I understand the test purpose, possible benefits, and risks. I consent to COVID-19 testing for my student when my student screens for positive symptoms of COVID19 or as required to participate in school activities.

Student’s name: _______________________ Student Grade: ________

Student’s Date of Birth: ____________ Student’s school: ________________

Parent or Guardian's name (or student, if over the age of 18):

___________________________________________________________________________________

Parent or Guardian’s signature (or student, if over the age of 18):

___________________________________________________________________________________

Date: __________

Contact information for test results:

Name: _________________________________________________________________
Address: _____________________________________________________________
City/State/Zip Code: _________________________________________________
Phone number: ______________________________________________________
Email: ______________________________________________________________

A negative or positive test result will be communicated by the school nurse