

Asymptomatic Persons School COVID-19 Testing Consent Form

DC Health and DC Public Schools are using this form to receive your consent to test your child for COVID-19 infection and to share collected data with relevant authorities. More information on symptoms, testing, and coronavirus response can be found at cdc.gov/coronavirus. More information on coronavirus symptoms and the District of Columbia's response can be found at coronavirus.dc.gov. Safe in-person learning requires that we are diligent in detecting COVID-19 and preventing its spread. This testing is free (no-pay) and voluntary.

How do I opt in? You must completely fill out and return this permission slip for your child to be tested. The permission slip will be maintained at your child's school. It will be presented to the testing team each time your child is tested. This is to prevent children from being tested without parental/guardian consent. This consent form is valid for **90 days** from the date it is signed.

How do I opt out? You may revoke your consent at any time by sending a written letter stating that you do not wish your child to receive COVID-19 testing.

What is the test?

If you consent, your child will receive a free diagnostic test for the COVID-19 virus. **The attached documents provide more information about the type of tests that may be used.** Collecting a specimen for testing involves inserting a small swab, similar to a Q-Tip®, into the front of the nose in both nostrils. This test is the same test performed at District public testing sites. There are no risks of getting COVID-19 from being tested.

How will I find out about the results of the test?

Test results will be sent directly to you. You will receive results via email to the email address you provide. This is not a rapid test. You can expect results typically within 5 days. You may follow up on test results by contacting the testing lab, **Curative Laboratory Call Center: at 1-888-702-9042.**

What should I do when I receive my child's test results?

If your child's test results are *positive*, meaning your child *has* the virus and could spread it, please contact your child's healthcare provider immediately to review the test results and discuss what you should do next. You should keep your child at home and follow the health and school guidelines for returning to school. You will receive a call from DC Health Contract Tracers if your child tests positive for COVID-19. If your child's test results are *negative*, this means that the virus was not detected in your child. Continue maintaining the hygiene and social distancing practices recommended by the Centers for Disease Control and Prevention (CDC). If your child develops symptoms you should call your child's healthcare provider, regardless of the test results. Treatment for COVID-19 is free to District residents.

Data and Reporting

Data from this form and the results of tests will be collected as part of the COVID-19 reporting requirements and may be shared with relevant school and health authorities. Your child's identity will not be released to others if they test positive for COVID-19.

Continued on reverse side.

Contact Information | Completed by parent/guardian/student (if 18 years of age or older)

Student Last Name:		Student First Name:		Date of Birth:	
School Name:				Ward:	
Home Address:		Apt:	City:	State:	ZIP:
Parent/Guardian Name:		Phone:		Email:	
Emergency Contact Name:			Emergency Contact Phone:		

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent for my child to be tested for COVID-19 infection.
- My consent is valid for 90 days from the date indicated on this form unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- 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" refers to me and I may sign this form on my own behalf.
- I understand and agree that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct.
- I understand that the District, the school, its employees and agents may not be held liable for infection of the identified student resulting from on campus attendance.

Consent Signature:

Signature of Parent/Guardian/Student (if 18 years of age or older) Date (mm/dd/yyyy)

OFFICE USE ONLY | Consent form received by School Registrar and School Nurse

Nurse Name:	Signature:	Date:



Asymptomatic Persons COVID-19 Testing in DCPS Schools: Information for Parents, Guardians, and Students

Asymptomatic testing for COVID-19 is used to give parents information about their child's school environment. Routine testing can assure parents and students that their schools remain safe for in-person learning.

- Testing will only be provided to students that have a completed consent form.
- Asymptomatic testing is performed with a nasal swab. Results will be available usually within 5 days. The results will be communicated to the caregiver of the student.
- If your child's test results are *positive*, please contact your child's healthcare provider immediately to review the test results and discuss what you should do next. You should keep your child at home and follow the health and school guidelines for returning to school.
- If your child's test results are negative, this means that the virus was not detected in your child's specimen. Continue maintaining the hygiene and social distancing practices recommended by the Centers for Disease Control and Prevention (CDC). If your child develops symptoms you should call your child's healthcare provider, regardless of the test results.
- Test results may be shared with the school, DC Health, or other local and federal public health authorities as relevant.
- In accordance with the Family Educational Rights and Privacy Act (FERPA) and local privacy protections, a student's personally identifiable information will never be made public. All information will remain confidential.

The CDC recommends anyone infected with COVID-19 should remain in quarantine for 10 to 14 days after experiencing symptoms, depending on the severity of symptoms.

Additional information on guidance to follow if an individual test positive for COVID-19 can be found at coronavirus.dc.gov/healthguidance

Visit the CDC's Coronavirus webpage for more information on the disease and keeping you and your family safe: cdc.gov/coronavirus

Visit DC's Coronavirus webpage for more information on steps the District is doing to combat the epidemic: coronavirus.dc.gov

If you have more questions about your school's COVID-19 response efforts, please contact the school administrator and/or the school registrar's office.

Symptoms of Coronavirus

- Temperature of or above 100.4
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Sore throat
- Congestion and runny nose
- Nausea or vomiting
- Diarrhea
- Feeling generally unwell

If your child does not have a health care provider, please visit the DC Pediatric Immunization locations to find a provider. They can be found at dchealth.dc.gov/service/immunization