



## School COVID-19 Testing Consent Form

The School Health Services Program (SHSP) is 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](https://cdc.gov/coronavirus). More information on coronavirus symptoms and DC's response can be found at [www.coronavirus.dc.gov](https://www.coronavirus.dc.gov). Keeping schools open for in person learning requires that we are diligent in preventing the spread of COVID-19. Testing at school is a necessary part of keeping students and the community safe.

### How often would you test my child?

If a student exhibits symptoms that meet criteria while in school, the student will receive a COVID-19 test from the school health professional **if consent has been received**.

### 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 performed on individuals who are suspected of COVID-19 and experiencing symptoms within the first seven days of the onset of symptoms.

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

If your child has a specimen collected for testing at school, the school health official (nurse) will contact you by phone with the results of the test. We will also send information home with the student to let you know.

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

If your child's test results are positive, please contact your child's doctor 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. Tests **sometimes** produce incorrect negative results (called "false negatives") in people who have COVID-19. If your child tests negative on the initial test a second confirmation test will be completed by the school health professional. Results from the second test will be provided by the school health professional generally within 2-4 days. All students will be sent home after testing, independent of the results of the initial test.

Data from this form and the results of the test will be collected as part of the COVID-19 reporting requirements and may be shared with relevant school and health authorities.

#### 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:   |  |                     | Parent/Guardian Phone:   |                |      |
| Emergency Contact Name: |  |                     | Emergency Contact Phone: |                |      |

Continued on reverse side.

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 when necessary.
- I understand that this consent form will be valid through September 30, 2021, 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" refer 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.

Parent/Guardian/Student (if 18 years of age or older) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

|                          |            |       |
|--------------------------|------------|-------|
| Registrar Official Name: | Signature: | Date: |
| Nurse Name:              | Signature: | Date: |

**This form should be submitted to the school office of the registrar upon completion.**

**For Office Use:** The registrar should submit all completed consent forms to the school health professional after verifying the document was received.

## Information for Parents, Guardians, and Students

A student that shows symptoms related to COVID-19 will not be allowed to remain in class. They will be escorted to the designated isolation room and met by the school health nurse or health professional to be evaluated for COVID-19 testing. Students who do not have a consent form on file will be escorted to the isolation room and follow the school procedures for departure to home.

- Testing will be provided to students that have a completed consent form and display symptoms.
- If the student meets the criteria, a rapid test will be performed. This test is performed with a nasal swab and results will be available in 15 minutes. The results will be communicated to the caregiver of the student, and school official(s).
  - If the results of the test are **positive**, the student is presumed to be positive and contagious. The results will be communicated to the student, family, and the student's primary care provider as soon as they are available. The student will remain in the monitored isolation room until he/she is picked up by the caregiver. The school will be notified in order to dismiss any potential close contacts.
  - If the result of the test is **negative**, a second confirmatory nasal swab test called PCR (polymerase chain reaction) will be conducted by the school health professional. The student will remain in the monitored isolation room until he/she is picked up by the caregiver. The sample collected by the school health professional will be sent to a lab off campus for testing. The results of the PCR test will be sent to the family of the student once obtained in 2-4 days. The student will be permitted to return to class dependent on the results of the PCR test and established school protocols.
- 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: [https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page\\_content/attachments/6222020-COVID-19 DC Health Guidance for Persons Test Positive for COVID19.pdf](https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/6222020-COVID-19%20DC%20Health%20Guidance%20for%20Persons%20Test%20Positive%20for%20COVID19.pdf).

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

Visit DC's Coronavirus webpage for more information on steps the District is doing to combat the epidemic: [www.coronavirus.dc.gov](http://www.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 found [here](#) to locate a provider.