

# STUDENT CONSENT FORM FOR COVID-19 TESTING

The Pottsgrove School District takes the health and safety of our students and their families very seriously. As such, in addition to the steps we have taken this school year to create a safe learning environment in our schools, we are adding a COVID-19 testing program for students who are demonstrating symptoms and wish to be tested. **NOTE: This option is only available to students who develop symptoms during the school day. Symptomatic students must stay home.** This testing program uses Abbott Laboratories BinaxNOW tests provided by the federal government. The testing program is optional and available upon request, supplies and resources permitted. Parents/guardians will be asked to provide consent for their child to participate in testing. Please complete and return this form to indicate your consent for testing..

**What are the tests?**

With your consent, your child may receive a free BinaxNOW rapid test for the COVID-19 virus. Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. A school staff member who has been trained to administer these tests will collect the specimen and a trained COVID-19 test administrator will oversee the process. Test results will be made available to the parent/guardian who signs the form below and completes the online registration process. The results will be sent by text message and email within 24 hours of the test.

By signing below, I attest that:

- I authorize the school system to conduct collection and testing of my child for COVID-19 by nasal swab.
- I acknowledge that a positive test result is an indication that my child must self-isolate and follow advised protocols.
- I understand the school system is not acting as my child’s medical provider, this testing does not replace treatment by my child’s medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child’s test results. I agree I will seek medical advice, care and treatment from my child’s medical provider if I have questions or concerns, or if their 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.
- I understand that my consent will be valid until June 30, 2022, unless I revoke such consent in writing.

**I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.**

Print Parent/Guardian Name	Parent/Guardian Signature	Date
Print Student Name: <i>(If age 18 or over or otherwise authorized to consent)</i>	Student Signature	Date