

Permission Slip Tips

We recommend that the consent form is no longer than 2 pages and is printed front/back. The consent form should also be translated into the various languages represented throughout your school/district.

The language in this section is provided as a standardized example for all schools/districts. Feel free to edit it to include additional information specific to your school or district. For example, you may want to add context if this is to be filled out at the time of testing, or in advance of the possibility of tests being conducted in the future.

This section is intentionally written very broadly, we recommend that you add logistical details that are specific to your district or school regarding students' positive and negative test results.

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STUDENT CONSENT FORM FOR COVID-19 TESTING

STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING

The <<insert school or district name>> takes the health and safety of our students and their families very seriously. As such, in addition to steps to screen for the virus and prevent its spread on a campus, we are adding a voluntary K-12 COVID-19 testing program for students. This program uses Abbott Laboratories BinaxNOW tests provided by the federal government. We will only test with your consent. If you are willing to provide consent for us to administer this test on your child or yourself (if student age 18 or older), please fill out this form.

What is the test?
If your child is symptomatic or part of a group that is designated for testing, if you consent, your child will 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 use this test 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 this form below. The results will be sent by text message and email within 24 hours of the test. This program is **entirely optional** for students, although we hope you choose to have the test to keep our schools as healthy & safe as possible. The tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

What should I do when I receive my child's test results?
If your child or you (if student age 18 or older) tests positive for the virus, your child will be moved to a room away from other students and staff until you can pick him/her up. We ask that you keep your child home until the infection period has ended (typically, after symptoms improve and at least 10 days from the date symptoms first appear) and your child is no longer contagious. If your child's test results are negative, the virus was not found in the specimen tested and your child may continue to attend school without interruption. In a small number of cases, tests sometimes produce incorrect results – showing negative results (called “false negatives”) in people who have COVID-19 or showing positive results (called “false positives”) in people who don't have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19, you should call your child's doctor, a licensed medical authority, or your local health department.

Known Symptoms:
People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

This list does not include all possible symptoms.

Disclaimer:
While we realize precautions will be taken for the safety of students, please understand that neither the test administrator nor the <<insert school or district name>>, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child or yourself (if student age 18 or older), as a result of agreeing to the test.

This section is written to be consistent with the language provided in the [TEA SY 20-21 Public Health Planning Guidance](#).

This section addresses general liability, we recommend that use language approved by your local legal counsel.

ALL of the fields included in this section are **necessary** for the proper recording and reporting of students' test results in accordance with TDEM & DSHS. Feel free to add additional fields if you choose, **but do NOT remove** any fields. You can also use this section to [build your schools/districts' QR code](#), rather than manually entering the information.

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STUDENT CONSENT FORM FOR COVID-19 TESTING

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

Parent/Guardian Information

Parent/Guardian Print Name: _____

Parent/Guardian Cell/Mobile #: _____
Note: results will be texted to this cell #

Parent/Guardian Email Address: _____

Child/Student Information

Child/Student Print Name: _____

School ID #: _____

Driver's License #: _____
(if applicable)

Street Address: _____ City: _____ State: _____

Zip Code: _____ County: _____

School: _____ Grade Level: _____

Date of Birth: (MM/DD/YYYY) _____ Age: _____

Race/Ethnicity: Asian Hispanic Native American/Indigenous
 Black White Unknown

Gender: Male Female
 Other/Unknown

CONSENT

By signing below, I attest that:

A. I authorize the school system to conduct collection and testing of my child or me (if age 18 or older) for COVID-19 through a nasal swab.

B. I acknowledge that a positive test result is an indication that my child or I (if age 18 or older) must self-isolate and likely also wear a mask or face covering as directed in an effort to avoid infecting others.

C. 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.

D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

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.

Signature of Parent/ Guardian: _____ Date: _____

Signature of Student: _____ Date: _____
(if age 18 or over or otherwise authorized to consent)

The language in this section is a guide, feel free to add additional language regarding consent. We recommend that your school/district's legal team review this entire document before providing it for parents/families.