Testing for COVID-19 is an important tool in the management of the pandemic. In-person learning in schools is supported by testing of symptomatic individuals, surveillance/screening testing, and by participation in the Test to Stay program. Current testing methods are safe and well-tolerated by children and adults. There is no charge for the tests conducted at schools.

Testing of minors under age 18 is voluntary and requires a signed consent. Both positive and negative results will be reported the parents/guardians. Information from positive cases will also be used for contact tracing, but the positive individual’s information will not be shared publicly.

Please read the COVID-19 test information fact sheet(s) about the different COVID -19 test(s) which are available in your child’s school before signing this form and check the ones to which you consent.

Your child’s school offers the tests checked below:

 The Abbott BinaxNOW COVID-19 Ag ™Rapid Antigen

 The BD Veritor ™ Plus System Rapid Antigen

 The Visby Medical RT-PCR™ Rapid PCR

 The Thermo Fisher Accula Rapid PCR™ Rapid PCR

|  |  |  |
| --- | --- | --- |
| Program Options  |  Description  |  |
| COVID Symptoms | For testing for COVID19 when potential COVID-19 symptoms are present  |  - Consent - Do not Consent  |
| Screening Program  | For those who desire to have students screened weekly for COVID -19. This option is available even if student is fully vaccinated.  |  - Consent  - Do not Consent  |
| Test to Stay Program  | For those students who are close contacts to an individual in the school setting who has tested positive. . | - Consent- Do not Consent |

 By signing this consent, I hereby certify that I have reviewed the test manufacturer’s information documents provided by my school. I hereby grant permission to school personnel to perform the COVID-19 tests to my child throughout the school year. I understand that this consent is voluntary and may be revoked at any time with written notification to the school.

 **Name of student member:**  DOB:

 **Signature parent/guardian:** Date: