

**Maine PreK to 12 School COVID-19 Test
Parent/Guardian Consent Form: School Year 2020-2021**

RSU 10 seeks to maintain a safe environment for employees, students, their families, and the community. This consent form provides **RSU 10** or its designee with your permission to perform a COVID-19 screening test for your child at the school or its designated site.

By signing below, you are indicating that you voluntarily consent to this screening procedure for the detection of COVID-19 for your child. Please read the attached information accompanying this form regarding school-based testing.

COVID-19 Test Information Statement

For Rapid BinaxNOW Ag Testing:

The test may be collected by self-swab or by a school nurse. The test involves a nasal swab that is used to determine the potential presence of COVID-19. The specimen collected for a rapid test will have results in approximately 15-20 minutes. The school will share the results with the CDC for public health reporting. The school or its designee will communicate those results to you following the test. Additionally, the school or its designee will provide instructions on any appropriate next steps and will contact your Primary Care Physician to ensure coordination of care.

Section 1: Information about Your Child (please print)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	School Name	Grade & Teacher
ADDRESS				PARENT/GUARDIAN DAYTIME PHONE NUMBER:	
CITY	STATE	ZIP			

Section 2: Consent

CONSENT FOR CHILD'S COVID-19 TEST:

I have read or had explained to me the **COVID-19 Testing Information Statement**, above, and have had the opportunity to seek answers to my questions about the risks and benefits of this test.

I CONSENT to my child receiving a **Rapid BinaxNOW Ag COVID-19 Test** administered by **RSU 10** or its designee in a school setting if my child becomes symptomatic during the school day or if the school is offering screening tests for COVID-19. (If this consent form is not signed, then your child will not receive the test.)

Signature of Parent/Legal Guardian: _____ Date: _____

COVID-19 Testing Record

FOR ADMINISTRATIVE USE ONLY

Date Test Administered	Name and Title of Administrator
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