

# Marion County Schools

## Parent/Guardian Permission for Optional Test-to-Stay Program

Marion County Schools has implemented an optional strategy for managing unvaccinated student/staff exposures to COVID-19 in the school setting. This program is intended for continuity of education and is not for continued participation in athletic programs or extracurricular activities. This program is offered at no cost to the participants.

To be Eligible for the Test to Stay program the student or staff member must:

- Be entirely asymptomatic without any signs or symptoms of COVID-19.
- Wear a mask indoors when at school for the entirety of the program, even if all test results are negative. A surgical-type mask that fits securely is preferred over a cloth mask.
- Quarantine when not at school. When not at school, the exposed individual must stay home and refrain from all extracurricular activities, including sports and other activities in the community.

The process of the Test-to-Stay program is as follows:

- Upon notification of a school exposure the student will begin a series of five daily COVID-19 tests. These tests are the fast test variety administered by the school nurse.
- The student will continue to attend school while each daily test yields a negative result. If a positive test occurs the student will need to be picked up and quarantine at home for ten days.
- Day one of the program begins on the first day after exposure. The student will not have to test on weekends. If the fifth test day falls on a weekend then the student will have to take the last test when they return to school.
- Transportation to and from school must be arranged by the parent. Students participating in this program cannot ride the school bus.

Place an "X" in the box to the left of each acknowledgment statement below. Initial and date the box on the right.

<input type="checkbox"/>	I understand that participation in this program is optional and may be discontinued at any time by notifying my school principal.	Initials _____ Date _____
<input type="checkbox"/>	I understand that participation in this program requires my student to quarantine when not in school. When not at school I agree that my student will stay home and refrain from all extracurricular activities, including sports and other community activities.	Initials _____ Date _____
<input type="checkbox"/>	I understand that participation in this program will continue while my student remains without any signs or symptoms of COVID-19.	Initials _____ Date _____
<input type="checkbox"/>	I understand and agree that my student will complete the required five tests of this program. I understand that I will not be charged for any of the tests as part of this program.	Initials _____ Date _____
<input type="checkbox"/>	I understand and agree to transport my student to and from school while participating in this program.	Initials _____ Date _____

Student Name (Print) \_\_\_\_\_

Date \_\_\_\_\_

Guardian Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_