USD 358 Consent to COVID-19 Test

Please carefully read and provide written acknowledgment of the following informed consent:

a.   I authorize a COVID-19 testing administrator associated with the school district, local health department or state health department to conduct collection and testing for COVID-19 through a nasal swab collection as ordered by an authorized medical provider or public health official.

b.   I authorize my test result, or the test result of my child if my child is under the age of 18 years, to be disclosed to the county, state, or to any other governmental entity as may be required by law.

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

d.   I give permission for the Sumner County Health Department, KDHE, and my school district (USD 358 Oxford) to contact me using non-secure methods (e-mail), text messaging regarding this COVID-19 test result, and I understand the risks involved.

Name of Individual Being Tested:

First Name_____ Last Name_____DOB_____

Address_____County of Residence_____

If under 18 year of age:

Parent First Name_____Parent Last Name_____ Parent DOB_____

_____

Signature of person to be tested or parent (if person is under age 18)   Date

USD 358 COVID Testing Questions and Results

1. Are you showing symptoms   ___ Yes   ____ No

2. Symptoms: □ Fever (>100.4°F,38°C) □ Chills or severe shivering (rigors) □ Muscle Aches □ Weakness or malaise □ Headache □ Sore throat □ Cough □ Shortness of breath □ Difficulty breathing □ New loss of smell or taste disorder □ Diarrhea

3. If symptomatic, when did the symptoms start?   Date_____

4. Have you been around a COVID Positive person in the last 14 days?

5. If so what was the date of the last contact?_____

Notes:

Test Results:

_____ Negative- Follow school nurse directions for exclusion or return to school

Directions:

_____Positive- must stay home for a minimum of 10 days from the onset of symptoms or positive result and may not return until 72 hours fever free and other symptoms are improving.

Date you may return_____