

Consent and Administration Record – MCPASD COVID-19 SCHOOL-BASED TESTING CONSENT

Middleton-Cross Plains Area School District is using this form to receive your consent to test your child for COVID-19 and to share collected data with relevant authorities. Anyone under the age of 18 needs to have a consent form on file in order to receive free COVID testing at the MCPASD testing locations. A consent form must be filled out for each individual child. A consent form for each child only needs to be submitted once and is valid until August 31, 2022.

What is the test?

With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. The district has partnered with Accelerated Laboratories to offer free Antigen and PCR COVID-19 testing. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils. The specimen collected will be used for one or both rapid Antigen and/or PCR tests. A **rapid antigen test** is not used to diagnose COVID-19, but rather is used as a rapid screening tool to identify whether someone is currently at risk of spreading the disease to others. Antigen tests have not yet proven to be highly accurate, which is why **PCR tests** are being used to diagnose COVID-19. The test uses a technology called PCR (polymerase chain reaction), which greatly amplifies the viral genetic material if it is present making it more accurate in detecting an active infection.

How will I find out about the results of the test?

If your child has a specimen collected for testing at one of the district's testing locations, you will be notified during the time of collection how the test result(s) will be received (for example: by phone, text, or email).

What should I do when I receive my child's test results?

If the test is positive, this means that the virus was detected in your child's specimen. You should report this result to the MCPASD COVID-19 hotline by either calling 608-829-9018 or emailing covid19@mcpasd.k12.wi.us. You will be provided information about keeping your child home, following up with your health care provider, and when your child can return to school.

If your child's test results are negative, this means that the virus was not detected in your child's specimen at this time. Unless your child has been identified as a close contact and is not yet done with their quarantine period, your child may return to school as long as any symptoms that were present have resolved and they have been fever free for greater than 24 hours without the use of fever reducing medication. You do not need to send in your child's negative test result.

CONTACT INFORMATION – Completed by parent/guardian or student (if 18 years of age or older) – Please Print

Student Last Name:		Student First Name:		MI:
Street Address:			City:	State: WI Zip:
Date of Birth (MM/DD/YYYY):	Age:	Student ID Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other _____ <input type="checkbox"/> Multi-race			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to Answer	
Parent / Legal Guardian Last Name:		Parent / Legal Guardian First Name:		Phone Number:

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent that the school may notify my child of the test results.
- I consent for my child to be tested for COVID-19 when necessary and understand that my child may be tested multiple times.
- I consent for my child to be tested by school staff, contracted healthcare personnel, and/or other trained personnel as directed by the school. I understand that if my child is between the ages of 14-17, they will be asked to provide verbal consent to be tested.
- I understand that this consent form will be valid through August 30th 2022, unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- I understand that test results may be shared with the school, the ordering physician, county, and other local, state, and federal public health authorities, as well as other testing partners as permitted by law.
- I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.

SIGNATURE – Parent/guardian or student (if 18 years of age or older)	Date Signed:
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