

Consent and Administration Record -- School District of Hillsboro COVID-19 SCHOOL-BASED TESTING CONSENT

School District of Hillsboro is using this form to receive your consent to test your child for COVID-19 and to share collected data with relevant authorities.

What is the test?

With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. The attached document provides more information about the tests that will be used, the Exact Sciences Laboratories SARS-CoV-2 (N gene detection) Test. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.

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

If your child has a specimen collected for testing at school, you will be notified of the test result or informed of how the test result will be received by phone.

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, and it is very likely that you have COVID-19. There is a very small chance that this test can give a positive result that is wrong (a false positive). You will hear from your child's school or a trained professional about this test. You will be asked to pick up your child and 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. It is possible for this test to give a negative result that is incorrect in some people with COVID-19 (a false negative). This means you could possibly still have COVID-19 even though the test is negative. You will be asked to follow the instructions provided by your child's school following this 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
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Transgender – Male to Female <input type="checkbox"/> Transgender – Female to Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender – Unspecified or Gender Non-Specific <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other			
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, the district, or its agent may notify my child of the test results.
- I consent for my child to be tested for COVID-19 when deemed necessary by the district and understand that my child may be tested multiple times.

- I consent for my child to be tested by district staff, healthcare personnel contracted with by the district, Local and Tribal Health Department staff, 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 **June 30, 2022**, unless I notify the designated contact person from my child's district in writing that I revoke my consent. The designated contact person is Toni Wallace, school.nurse@hillsboroschools.org.
- I understand that test results may be shared with the school, the district, the ordering physician, county, and other local, state, and federal public health authorities, as well as other testing partners as permitted by applicable 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.

Additionally, by signing below, I acknowledge that I have had the opportunity to review the Exact Sciences Laboratories SARS-CoV-2 (N gene detection) Test Fact Sheet to the extent desired. The Exact Sciences Laboratories SARS-CoV-2 (N gene detection) Test Fact Sheet explains that the risks of these tests include:

- Possible discomfort or other complications that can happen during sample collection.
- Possible incorrect test result.

I certify that (i) I am aware that I have the right to have this document completely explained to me; (ii) I read this document or someone read it to me; (iii) all questions I have posed to the district regarding this document have been answered to my satisfaction; and (iv) that I completely understand this document and acknowledge and assume the risk in receiving this test myself or having my child receive this test.

Visit the CDC's Coronavirus webpage for more information on the disease and keeping you and your family safe: www.cdc.gov/coronavirus.

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

Date Signed
