

Consent Form for Minors Undergoing COVID-19 Testing

As the parent or guardian of the minor student named below, I authorize **USD #366** health personnel and/or trained personnel to perform on-site antigen testing each school day during the quarantine period as opposed to off-site quarantine. Students who take part in this option and maintain a consistent negative test through day ten can continue to come to school and participate in school-sponsored activities. If there is a positive case in the home and close contacts are unable to isolate then students may undergo antigen tests for up to 20 days depending on their last contact with the positive case but may still attend school as long as their antigen test is negative at the beginning of each day. If isolation is possible then testing would happen for 10 days since last contact with the positive case.

****Students who test positive on the antigen test may then be offered a PCR test to verify the results. Students who test positive for the PCR test would not be able to return to school. Students would also be required to quarantine per KDHE and local health department guidance. Those participating in on-site screening will be required to wear a mask while at school or participating in school-sponsored activities until the testing cycle is complete.**

The antigen test is provided by the Kansas Department of Health and Environment (KDHE). This test involves using a cotton swab that is inserted into the nostril. Test results will be available on-site in approximately 15 minutes. A positive antigen may PCR test to verify the antigen test. A negative test will allow the student to return to the school building.

****The PCR test is also provided by KDHE. The PCR test will involve a nasal swab to collect respiratory material found in the nostril. Students who test positive for the PCR test would not be able to return to school. Students would also be required to quarantine per KDHE and local health department guidance.**

*****As of September 8, 2021 the PCR tests are **not** readily available to be performed by the district at this time. The KDHE is working to attain PCR tests and lab kits to distribute them to the district. An announcement will be made when this is available. By signing below if the minor student named tests positive with the antigen test then a PCR test will be performed by the district once available, until then it is up to the parent or guardian to choose to take the student elsewhere for PCR testing or have them quarantine per KDHE and local health department guidance.***

Potential benefits include:

- ☐ The result, along with other information, can help you make informed decisions about personal care.
- ☐ The results of this test may help limit the spread of COVID-19 to your family, others in our community, and the school district.
- ☐ The results from testing, along with other local COVID-19 data, will be used to determine school plans for the 2021-2022 school year.

Testing Strategies:

Please indicate with your initials in front of the testing strategy you are consenting to. You can opt into or out of consent to any strategy at any time with written communication to the school.

_____ **1. Test to Know-** Provide diagnostic testing preferably at each school or a central location for students, teachers, and staff who become symptomatic during the school day or those who have had potential exposure to COVID-19.

_____ **2. Test to Stay and Learn-** Keep students healthy and continue in school learning and participation in extracurriculars by testing susceptible close contacts daily for seven days to avoid an at home quarantine.

Consent Form for Minors Undergoing COVID-19 Testing Continued & HIPPA Release Form

1. Authorization and Consent for COVID-19 Diagnostic Testing:

I voluntarily consent and authorize the Kansas Department of Health and Environment ("KDHE") to conduct collection, testing, and analysis for the purposes of a COVID-19 diagnostic test.

I acknowledge and understand that my COVID-19 diagnostic test will require the collection of an appropriate sample through a nasopharyngeal swab, oral swab, or other recommended collection procedures.

I understand that there are risks and benefits associated with undergoing a diagnostic test for COVID-19 and there may be a potential for false positive or false negative test results.

I assume complete and full responsibility to take appropriate action with regards to my test results. Should I have questions or concerns regarding my results, or a worsening of my condition, I shall promptly seek advice and treatment from an appropriate medical provider. I understand that I am not creating a patient relationship with KDHE by participating in this testing. I understand the testing unit is not acting as my medical provider.

2. Patient Rights and Privacy Practices

I acknowledge and agree that KDHE may disclose my test results and associated information to appropriate county, state, or other governmental and regulatory entities as may be permitted by law.

I acknowledge and agree that some limited personal information including my name and contact information may be shared with public health authorities if I am identified as a close contact to a positive case.

3. Release

To the fullest extent permitted by law, I hereby release, discharge and hold harmless, KDHE, including, without limitation, any its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to my COVID-19 diagnostic test or the disclosure of my COVID-19 test results.

By providing my signature to the district and/or KDHE, I acknowledge and agree that I have read, understood, and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 diagnostic test, procedures to be performed, and potential risks and benefits. I have been provided an opportunity to ask questions before proceeding with a COVID-19 diagnostic test and I understand that if I do not wish to continue with the collection, testing, or analysis of a COVID-19 diagnostic test, I may decline to receive continued services. I have read the contents of this form in its entirety and voluntarily consent to undergo diagnostic testing for COVID-19.

Student Name

Student Date of Birth

Parent/Guardian Name (Print)

Parent's Date of Birth

Today's Date

Parent/Guardian (Signature)

Contact Phone Number