

Altoona-Midway Unified School District 387

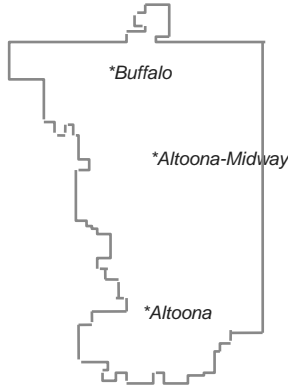


Altoona-Midway USD 387

Interim Superintendent: Mr. Mike Kastle
20584 US 75 Hwy
Buffalo, KS 66717
620-537-7721 Fax# 620-302-2080

Altoona-Midway Elementary School

Principal: Kim Reazin
20704 US 75 HWY
Buffalo, KS 66717
620-568-5725 Fax # 620-537-2641



Altoona-Midway High School
Altoona-Midway Middle School
Principal: Darrin Ashmore
Activities Director:: Jeff Almond
20704 US 75 HWY
Buffalo, KS 66717
620-537-7711 Fax # 620-537-2641

COVID-19 Testing: Informed Consent

Please carefully read and sign the following Informed Consent:

- a. I authorize USD 387 to conduct collection and testing for COVID-19 of my child through an anterior nasal swab specimen to be obtained in accordance with the manufacturer's instruction.
 - i. For diagnostic testing (i.e. child has symptoms): Yes No
 - ii. For screening testing (i.e. child is a close contact): Yes No
- b. I authorize the school to notify me of my child's test results via my communication preference designated at enrollment unless otherwise specified in writing.
- c. I authorize my child's test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- d. I acknowledge that a positive test result is an indication that my child must isolate in accordance with KDHE and Wilson County guidelines to avoid infecting others. I also agree to assist the school with identification of any close contacts which occurred within the 48 hours prior to test sample collection.
- e. I understand that the school is not acting as my child's medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
- f. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- g. I understand that this consent form will be valid through May 31, 2022, unless I notify the school in writing that I revoke my consent.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

Student Name

DOB

Parent Signature

Date