

Opt-in Guidance for Parents

For your student to participate in the in-school testing program, you will need to fill out and return the attached permission form to Maryetta Public School.

Process:

1. Fill out the attached permission form and ensure it is signed by both you and your student, if applicable.
2. Return the permission form to Maryetta Public School.
3. Parents/Guardians may contact the school at 918-696-2285 with any questions regarding testing.

Opt-in FAQ:

What kind of COVID-19 test will we be using for this program?

Schools will use the Quidel QuickVue SARS Antigen Test, which is a rapid test that provides results in less than 15 minutes.

Antigen tests are designed to detect proteins from SARS-CoV-2, the virus that causes COVID-19. You may also see the following resources for more information:

- The [Quidel Website](#)
- Patient Fact Sheet <https://www.fda.gov/media/144667/download>
- Healthcare Provider Fact Sheet <https://www.fda.gov/media/144666/download>

Is this testing mandatory for students and staff?

- No, COVID-19 tests are optional, although strongly encouraged.
- If you choose not to enroll your student(s) in the program, they can still attend school in person.
- Students will not be tested without both the student and parent/guardian giving their consent.

My child is fully vaccinated. Do they need to be tested?

- No, current CDC guidance states that if you are fully vaccinated, you do not need to be tested unless you develop COVID-19 symptoms or have been in close contact with someone with COVID-19. Testing will be conducted in accordance with CDC testing guidance.

Does my child have to get tested to take part in school sports and extracurricular activities?

- No, COVID-19 tests are optional, although strongly encouraged. If you choose not to enroll your child in the program, they can still take part in school sports and extracurricular activities.
- Students will not be tested without both the student and guardian giving their consent.

How will the school protect my child's privacy?

- Your child's privacy and the security of their health information is top priority. Testing results will be shared only for public health purposes, which may include notifying close contacts that they may have been exposed to an unnamed individual with COVID-19 and taking other steps to prevent the further spread of COVID-19 in our school community.
- Information sharing and notifying of contacts will be done in a way that is HIPAA-compliant and protects your child's privacy. Information about your child will only be shared in accordance with applicable law and policies protecting student privacy and the security of your child's data.

Will their test result be shared with anyone other than me?

- No, a student's test results will be shared in a Health Insurance Portability and Accountability Act (HIPAA) compliant manner either by calling or emailing the parent/guardian contact. The Oklahoma State Department of Health (OSDH) does require daily reporting of COVID-19 test results, but that does not include any HIPAA-related health information related to specific students.

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

- If your child tests positive for the virus, your child will be moved to a room away from other students and staff until you can pick him/her up. We ask that you keep your child home until the infection period has ended (typically, after symptoms improve and at least 10 days from the date symptoms first appear) and your child is no longer contagious. If your child's test results are negative, the virus was not found in the specimen tested and your child may continue to attend school without interruption. In a small number of cases, tests sometimes produce incorrect results – showing negative results (called “false negatives”) in people who have COVID-19 or showing positive results (called “false positives”) in people who don't have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19, you should call your child's doctor, a licensed medical authority, or your local health department.

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Disclaimer:

While we realize precautions will be taken for the safety of students, please understand that neither the test administrator nor Maryetta Public School, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child as a result of agreeing to the test.

This program is supported by the Scientific Programs and Development Branch within the Division of Preparedness and Emerging Infections of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$468,415,739.00** with 100 percent funded by Scientific Programs and Development Branch within the Division of Preparedness and Emerging Infections/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by Scientific Programs and Development Branch within the Division of Preparedness and Emerging Infections/HHS, or the U.S. Government. For more information, please visit [Home | Division of Preparedness and Emerging Infections \(DPEI\) | NCEZID | CDC](#)].

TO BE COMPLETED BY PARENT, GUARDIAN					
Parent/Guardian Information					
<i>You will be notified with test results either via cell phone or email, or both.</i>					
Parent/Guardian Print Name:					
Parent/Guardian Cell/Mobile #:					
<i>Note: results will be texted to this cell #</i>					
Parent/Guardian Email Address:					
<i>Note: results will be sent to this email</i>					
Child/Student Information					
Child/Student Print Name:					
Street Address:		City:		State:	
Zip Code:		County:			
School:	Maryetta Public School	Grade Level/Home Room Teacher:			
Date of Birth: (MM/DD/YYYY)		Age:			
Race/Ethnicity:	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Indigenous <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown		
CONSENT					
By signing below, I attest that:					
A. I authorize the school system to conduct collection and testing of my child for COVID-19 by nasal swab. The test given will be the Quidel QuickVue SARS Antigen Test, which is a rapid test that provides results in less than 15 minutes. B. I acknowledge that a positive test result is an indication that my child must go home and stay away from school for a period of 10 days in an effort to avoid infecting others. C. I understand the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens. D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.					
Signature of Parent/Guardian:				Date:	
Signature of Student:				Date:	