



### Parental Information Form & At-Home COVID-19 Testing Registration

The South Dakota Department of Health has made free over-the-counter COVID-19 rapid tests available to students for at-home use. This testing program will give students who do not have COVID-19 symptoms the opportunity to test each week using a rapid COVID-19 antigen test. These tests can also be used at-home for students with symptoms of COVID-19. The test can be self-performed by any student 14 years of age and older; adults must perform the test for those 2-13 years of age.

All students can receive a free, weekly test kit for home-use but participation in this program is completely voluntary. All free testing supplies will be provided to each school for distribution to participating students. Here are a few details about this testing opportunity:

- ✓ Testing is voluntary.
- ✓ Testing is free.
- ✓ Testing only takes 10-12 minutes.
- ✓ Test kits include simple instructions that are easy to follow. Instructions are available in [English](#) and [Spanish](#). You can also watch an [instructional video](#).
- ✓ Testing can be performed on asymptomatic students as a screening test for COVID-19.
- ✓ Testing can also be performed on students with symptoms of COVID-19, but we also recommend that you consult your healthcare provider if your student has COVID-like symptoms.
- ✓ Test kits provided by the Department of Health are the same kits that can be purchased at many locations throughout South Dakota. The kits provided by the Department of Health are not marked for retail sale so please do not try to return them to a retail location. Unused kits can be discarded if opened or returned to your school if unopened.

**Details about how the weekly at-home test kits will be distributed will be coming separately from your school.**

Please see the Quidel website for additional information about the QuickVue At-Home OTC COVID-19 Test. The website can be found here: <https://quickvueathome.com/>

**Please complete this section and return to the school.**

Student's name (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

I have read this form and would like my student to receive an over-the-counter COVID-19 rapid test kit each week during the 2021-22 school year.

Check one:

Yes, please provide my student a weekly test kit for at-home use.

Yes, please provide my student a one-time test kit for at-home use. If I would like additional tests, I will contact the school.

No, do not provide my student a weekly test kit for at-home use.

Parent's name (please print): \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_