

## STUDENT COVID-19 TESTING CONSENT

Midland ISD takes the health and safety of our students and their families very seriously. In addition to steps to screen for the virus and prevent its spread on a campus, we are adding a voluntary K-12 COVID-19 testing program for students. This program uses [Abbott Laboratories BinaxNOW tests](#) provided by the federal government. **We will only test with your consent.** Students who are 18 years of age or older may sign their own consent forms.

### What is the test?

If your child develops symptoms of COVID-19 at school and you give your consent, your child will get a free BinaxNOW rapid test for the COVID-19 virus. Collecting a sample for testing involves using a swab placed inside the tip of the nose. School nurses will conduct the test, and students in grades 5 and above may swab their own noses. Test results will be sent to the parent/guardian who signs this form. The results will be sent by text message and/or email within 24 hours of the test. This program is **entirely optional** for students, although we hope you choose to have the test to keep our schools as healthy and safe as possible. The tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

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

#### **IF YOUR CHILD TESTS POSITIVE:**

*If your child or you (if student age 18 or older) tests positive for the virus, your child will stay in a room away from other students and staff until you can pick him/her up. If your student drives and is well enough to drive themselves home, they may drive home.*

- Call your healthcare provider to let them know your child tested positive & follow their directions.
- Follow [CDC instructions about isolation](#). **Your child must stay home until the infection period has ended and your child is no longer contagious.** Your child can be around others when all of these are true:
  - 10 days since symptoms first appeared AND
  - 24 hours with no fever without the use of fever-reducing medications AND
  - Other symptoms of COVID-19 are improving (*except loss of taste/smell which can last weeks or months after recovery. This won't delay the end of isolation.*)

#### **IF YOUR CHILD TESTS NEGATIVE:**

If your child's test results are negative, the virus was not found in the sample tested. Your child may be able to stay at school, depending upon their symptoms. 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 or 68Nurse. It is possible for a test to be negative, even when someone has COVID-19.

### Known Symptoms:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Feeling feverish or a temperature greater than or equal to 100.0 degrees Fahrenheit
- Loss of taste or smell
- Congestion or runny nose
- Difficulty breathing
- Significant muscle pain or ache
- Cough
- Shortness of breath
- Sore throat
- Headache
- Chills, shaking or severe shivering
- Diarrhea
- Nausea or vomiting
- Fatigue

### Disclaimer:

While we will take precautions for the safety of all students, please understand that neither the test administrator nor Midland ISD, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child or yourself (if student age 18 or older), as a result of agreeing to the test.

### TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

#### Parent/Guardian Information

<b>Parent/Guardian Printed Name:</b>		<b>Parent/Guardian Cell#:</b>	<i>Note: results will be texted to this cell #</i>
<b>Parent/Guardian Email Address:</b>			
<b>Zip Code:</b>		<b>County:</b>	

#### Child/Student Information

<b>Child/Student Print Name:</b>	<b>School ID #:</b>		
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	
<b>Zip Code:</b>	<b>County:</b>		
<b>School :</b>	<b>Grade Level:</b>		
<b>Date of Birth:</b> <i>(MM/DD/YYYY)</i>	<b>Age:</b>	<b>Gender:</b>	
<b>Race/Ethnicity:</b>	<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

By signing below, I attest that:

- I authorize the school system to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal swab.
- I acknowledge that a positive test result is an indication that my child or me (if student age 18 or older), must self-isolate at home and can return when it is safe to be around others (see CDC criteria). I also understand my child must continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- 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.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result, and I have been instructed to follow up with my child's medical provider.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Student COVID-19 Testing Consent Form. 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.

<b>Signature of Parent/ Guardian:</b>	<b>Date:</b>	
<b>Signature of Student age 18 or older or otherwise able to consent:</b>	<b>Date:</b>	