

Test To Stay Information and Permission Form

The Test to Stay Program will allow students who have been identified as a close contact to avoid quarantine if they test negative.

What is the Rapid Test C19 (COVID-19)? If your child is identified as a close contact of a positive Covid-19 case, you may provide permission for your child to be tested. If your child tests negative on the first day of known exposure, then your child may stay at school for that day. Testing negative on school days of the seven day quarantine period and being asymptomatic will allow your child to remain at school to receive uninterrupted education and avoid quarantine.

If you consent, your child will receive a free rapid test for the COVID-19 virus. Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the nose. In collaboration with Family Health Care, a trained health care professional who has been trained to administer this test will collect the sample.

The Rapid Test results are available within 25 minutes. A printed copy of test results will be made available typically within 24 hours to the parent/guardian who signs this permission form below. This program is optional for our students however we hope you choose to have the test to keep our schools as healthy and safe as possible and allow your child to remain in school. The tests are being offered in addition to existing safely protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces. Only students who have parent/guardian permission and are identified as close contacts to a positive case at school have the option to be tested.

What should I do when I receive my child's test results? If your child or you (if a student is age 18 or older) 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. Students who test positive are quarantined until the infection period has ended (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 or a licensed medical authority, or the Whitley County Health Department.

*This permission form is only to administer a **COVID-19 test**. It is NOT permission for any other related services. This permission form is **NOT** permission for COVID 19 Vaccination.

**Disclaimer: While we realize precautions will be taken for the safety of students, please understand that neither the Test Administrator nor the school's BOE and District, 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 aged 18 or older) as a result of agreeing to the test.

By signing, I attest that:

- A.** 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.
- B.** I acknowledge that a positive test result is an indication that my child or me (if student age 18 or older), must self-isolate and also continue wearing a mask or face covering as directed 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 to 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.

I, the undersigned, have been informed about the test purpose, procedures, 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.

| CONSENT | | | |
|---|--|------------------|--|
| Student Name | | | |
| Signature of Parent/Guardian | | D A T E | |
| Signature of Student:(if age 18 or otherwise authorized to consent) | | D A T E | |