

Consent and Administration Record – Almond-Bancroft School District

COVID-19 SCHOOL-BASED TESTING CONSENT - STUDENTS

Almond-Bancroft School District is using this form to receive your consent to test your child for COVID-19 and to share collected data with relevant authorities.

What is the test?

With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.

How will I find out about the results of the test?

If your child has a specimen collected for testing at school, you will be notified of the test result or informed of how the test result will be received (for example: by phone, text, or email).

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

If the test is positive, this means that the virus was detected in your child's specimen. You will hear from your child's school or a trained professional about this test. You will be asked to pick up your child and you will be provided information about keeping your child home, following up with your health care provider, and when your child can return to school.

If your child's test results are negative, this means that the virus was not detected in your child's specimen at this time. You will be asked to follow the instructions provided by your child's school following this test result.

CONTACT INFORMATION – Completed by parent/guardian or student (if 18 years of age or older) – Please Print				
Student Last Name:		Student First Name:		MI:
Street Address:			City:	State: WI
Zip:		Date of Birth (MM/DD/YYYY):		
Age:	Student ID Number:			
Gender:				
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other _____				
Race: (check all that apply)				Ethnicity:
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White				<input type="checkbox"/> Hispanic
<input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander				<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other _____ <input type="checkbox"/> Multi-race				<input type="checkbox"/> Prefer not to Answer
Parent / Legal Guardian Last Name:		Parent / Legal Guardian First Name:		Phone Number:

By signing below, I attest that:

- I have signed this form freely and voluntarily and I am legally authorized to make decisions for the child named above.
- I consent to my child being tested for COVID-19 by District staff, contracted healthcare personnel, Local and Tribal Health Department staff, and/or other trained personnel designated by the District, in accordance with the District's COVID-19 testing program, which shall occur only if my child shows symptoms consistent with COVID-19 at school, has been in close contact with a person at school who has been diagnosed with COVID-19, or upon my written request. I understand my child may be tested multiple times for COVID-19 under the District's COVID-19 testing program.
- I understand that, if my child is ages 14-17, my child will be asked to provide verbal consent to be tested and the District will not test my child if he/she refuses to provide verbal consent.
- I consent to the District staff reporting my child's COVID-19 test results to my child.
- I hereby confirm that this consent form is valid through June 30, 2022, unless I provide written notice to the District Administrator to communicate that I am revoking this consent.

- I understand and agree that my child's COVID-19 test results may be shared with those District and County staff and contracted healthcare personnel who have a legitimate need to know the test results, as permitted by law.
- I understand that, if my child or I refuse to consent to testing through the District's COVID-19 testing program, my child may be required to isolate or quarantine if my child shows symptoms consistent with COVID-19 at school or has been in close contact with a person who has been diagnosed with COVID-19.
- I understand that, if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" throughout this form refer to me and I may sign on my own behalf.

Visit the CDC's Coronavirus webpage for more information on the disease and keeping you and your family safe: www.cdc.gov/coronavirus.

SIGNATURE – Parent/guardian or student (if 18 years of age or older)

Date Signed
