

Holton USD #336

Student COVID-19 Testing Information and Consent Form



A robust COVID-19 testing strategy supports safe, in-person learning and activities while providing another layer of protection for students, teachers, and staff. Testing is part of a comprehensive strategy to quickly identify infection and prevent it from spreading in the school. Schools are not required to conduct COVID-19 testing, but Holton USD #336 is offering it as a free service for our school community (as long as we have the tests).

A student will only be tested for COVID-19 with documentation of consent.

Symptomatic — Diagnostic Testing

Holton USD #336 will follow our normal processes for identifying and isolating students who are demonstrating symptoms of illness. If symptoms are consistent with COVID-19, the student may be tested at school via an antigen and/or PCR COVID-19 test. The student will wear a mask during this process.

- For a student with COVID-19 symptoms, if the antigen test is *positive*, the test can be interpreted as a true positive, which indicates the person is infected with COVID-19.
- For a student with COVID-19 symptoms and the antigen test is *negative*, a false negative cannot be ruled out. The student must continue to test daily until three days past the symptoms of illness or there is a completion of a PCR test for confirmation (if available). If daily testing, a student may only come to school if they wear a mask at all times indoors and outdoors (except to eat in isolation) and they are to quarantine during the period at home as per the Jackson County Health Department.

Asymptomatic — Screening Testing during Close Contact

The school will also offer COVID-19 screening testing of students for the purpose of identifying early or asymptomatic contagious disease, as well as for the purpose of allowing students, who were deemed in “close contact” to an infected person, to continue to come to school as long as they do not show any symptoms (then they must follow the rules above) and their daily test through the quarantine period remains negative. Students may only come to school if they wear a mask at all times indoors and outdoors (except to eat in isolation) and they are to quarantine during the period at home as per the Jackson County Health Department. Any student can be tested with a rapid antigen test. PCR tests will be used for confirmation (if available). All students will be screened for COVID-19 symptoms at the time the test is conducted.

- If the student has no COVID-19 symptoms and the antigen test is positive, the student is suspected to have an infection but will need to complete a PCR test for confirmation.
- If the student has no COVID-19 symptoms and the antigen test is negative, the test can be interpreted as a true negative, which indicates the student is not infected with COVID-19.

Holton USD #336
Student COVID-19 Consent Form



The purpose of this "Student COVID-19 Testing Consent Form" is to gather consent for COVID-19 testing.

Student Name: _____ DOB: _____

School: _____ Address: _____

Parent Name: _____ Parent DOB: _____

Parent Phone: (W) _____ (H) _____ (Cell) _____ OK to text? Yes No

Parent Email address: _____

Please carefully read and sign the following informed consent for COVID-19 testing at school.

- 1) I understand the COVID-19 testing options available to my child and authorize Holton USD #336 to conduct specimen collection and testing for COVID-19 through a saliva sample or nasal or nasopharyngeal swab collection.
 - a. For diagnostic testing: Yes No
 - b. For screening testing: Yes No
- 1) If my child has a specimen collected for testing at Holton USD #336, the school will notify me of the test results via my contact information provided on this consent form using non-secure methods (email, etc.), and I understand the risks involved.
- 2) I authorize the test results to be disclosed to the school district Point of Contact in collaboration with the Jackson County Health Department and Kansas Department of Health and Environment.
- 3) I acknowledge that a positive test result is an indication that my child must self-isolate to avoid infecting others for a minimum of 10 days. I also agree to assist the school with identification of any close contacts which occurred within the 48 hours prior to test sample collection.
- 4) I understand that Holton USD #336 is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I will seek medical advice, care and treatment from my medical provider if I have questions or concerns.
- 5) I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result and that Holton USD #336 will collaborate with the Jackson County Health Officer for testing guidance and recommendations as needed.
- 6) I, the undersigned, have been informed about the test(s) purpose, and voluntarily agree for my child to be tested for COVID-19.

AUTHORIZATION/CONSENT TO TEST FOR COVID-19

I give my child, _____, permission to participate in COVID-19 testing at school as noted above in item #1 for the duration of the 2021-2022 school year:

Signature: _____ Date: _____