

Child COVID-19 Testing Consent Form

The North Mason School District is providing a consent form for parents and guardians in preparation for the possibility that the district may be required or elect to test in-person students and employees if they are showing signs of COVID-19.

COVID-19 is a dangerous infectious disease that is spread primarily from person-to-person through respiratory droplets. Close proximity to others presents a risk of infection and disease spread. It is recommended that persons maintain six feet of distance between one another at all times; however, infection may still occur when this distance is maintained, and this distance is not always maintained. To prevent the spread of COVID-19, testing, contact tracing, and isolation of infected people supports the health and safety of the community. The purpose of this "Child COVID-19 Testing Consent Form" is for parents or legal guardians to consent to COVID-19 testing for their children.

Authorizations:

- I authorize a designated North Mason School District staff member who has been trained to use this test to administer a COVID-19 rapid antigen test.
- I authorize a designated North Mason School District staff member to conduct collection and testing for COVID-19 through a nasal swab—less than one inch into the nostril—to screen for COVID-19.
- If my child's Antigen results are positive or inconclusive, I will immediately isolate my child and follow up with my child's health care provider or local COVID-19 test provider. If my child's follow up test is positive or doesn't take a follow-up test, I agree to isolate my child for at least 10 days.
- I authorize a designated North Mason School District staff member to share my child's test results with my school district for the sole purposes of identifying others who may have been exposed. I understand my child's test results will go to the health departments in my county or state or to any other governmental entity the law requires.

Acknowledgements:

I voluntarily agree for my child to be tested for COVID-19.

I assume complete and full responsibility to take appropriate action with regard to my child's test results. I acknowledge a positive test result is an indication my child must self-isolate and wear a mask or face covering as directed to avoid infecting others. I understand, as with any medical test, this COVID-19 test has the potential for false positive (test is positive but my child does not have the infection) or false negative (test is negative but my child has the infection) results. I agree to seek medical advice, care and treatment from my healthcare provider if I have questions or concerns, or if my child's condition worsens. I understand the North Mason School District is not acting as a healthcare provider, and this testing does not replace treatment by a healthcare provider.

I understand the test purpose, procedures, possible benefits and risks, and I can request a copy of this consent form. I can ask questions before I sign this consent form, and I understand I can ask additional questions at any time.

Child's name _____ Child's Date of Birth _____

Parent or Guardian's name _____

Parent or Guardian's signature _____ Date _____

"Educate, Empower, Inspire & Prepare"

Dana Rosenbach, Superintendent