

COVID-19 School Based Testing Consent Form

Park County School District #1

Please complete this form for the individual being tested before the first test.

First Name _____
Last Name _____
Date of Birth _____
Address _____
City/State/Zip _____

Parent/Guardian

First Name _____
Last Name _____
Phone _____ Mobile or Landline? _____
Email _____

Please read carefully:

The Wyoming Department of Health (WDH) and your local school district are working together to offer school-based COVID-19 testing to students to minimize the spread of COVID-19 in schools and support in-person learning. Schools may provide testing to symptomatic individuals and those without symptoms (screening tests).

Students who have not tested positive in the last three months can participate in the voluntary testing program. If you consent, your student will receive COVID-19 testing at no cost to you. In consultation with the WDH, your local school district will decide which type of COVID-19 test(s) they will offer. Test specimens are collected by spitting into a tube; or using a swab, similar to a Q-tip, placed inside the tip of the nose. A school nurse or other trained staff member will provide instructions for collecting a test specimen. The nasal swab may cause a little discomfort and rarely make people gag, cough or get a bloody nose.

The health information contained in this form is collected and reported to the WDH. The WDH is a public health authority authorized by state law to collect and receive COVID-19 test results to prevent or control the disease. The tested individual can learn how the WDH may use and disclose protected health information by reviewing the WDH Notice of Privacy Practices (NPP) on the WDH's website at <https://health.wyo.gov/admin/privacy/notice-privacy-practices/>.

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WDH or local health officials will contact you if your student's COVID-19 test is positive to initiate case investigation and contact tracing. Contact tracing helps protect you, your family, and your community by informing individuals they may have been exposed to COVID-19.

If your student receives a negative rapid-test result but shows symptoms, you will need to take a second test to confirm the test result. The follow-up test is a PCR test, which is a more sensitive molecular test. The test specimen is collected using a nasal swab, similar to a Q-tip, placed inside the tip of the nose.

The school may be able to share test results with you electronically using text or email. Communication through SMS text messaging or unencrypted email is not secure. The system used to send test results by a text message or email may not have the ability to encrypt the communication. Choosing to receive test results by text or email indicates your consent to receive the test results through an insecure means of communication. If you decide not to receive the test results by text or email, please work with your school to determine the best way for you to receive test results.

If you have questions about the school-based COVID-19 testing program, please contact the school nurse or administrator.

By consenting below, I attest that:

1. I authorize the school system to collect and test my student for COVID-19.
2. I understand that my student may be tested multiple times throughout the school year. Testing may occur 1) on days scheduled by your local school district; 2) if my student exhibits one or more COVID-19 symptoms; or 3) if my student is in close contact with a student, teacher, or staff member infected with COVID-19.
3. I acknowledge that a positive test result indicates that my student or myself must self-isolate and continue wearing a mask or face covering as directed to avoid infecting others.
4. As with any medical test, I understand the potential for a false positive or negative COVID-19 test result.
5. I understand this consent form is valid through June 30, 2022, unless I notify my local school district's designated contact person in writing of my intent to revoke my consent. If I revoke my consent, my student will no longer receive COVID-19 testing through my local school district's student-based testing program. COVID-19 testing will still be available to my student through other means, such as my student's health care provider or community-based testing.
6. I understand my student's COVID-19 test results may be disclosed as permitted and required by law.
7. I understand that if I am a student who may otherwise legally consent to the health care, references to "my student" or "your student" refer to me and sign this consent form on my behalf.

Name (please print): _____

Signature: _____