

Student COVID-19 Testing Information and Consent Form

Yuma Elementary School District One takes the health and safety of our students and their families very seriously. Our district has developed a mitigation plan and protocols to mitigate the exposure of COVID-19 at all of our sites. In addition to those steps, our District has worked with Yuma County Health Department to add the availability of COVID-19 rapid testing at our schools for students who are symptomatic or identified as close contacts. **It is important to note that COVID-19 student testing will only be conducted with your consent.**

This testing is **entirely optional** for students, although we hope you choose to participate in order to keep our schools as healthy and safe as possible. If you are willing to provide consent for our District to administer this test on your child, please complete this form.

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What is the test?

The Yuma County Health Department and the Arizona Department of Health Services have provided the district with Abbott Binax Now rapid testing kits. This kit produces results within 15 minutes of the test being administered. The testing procedure includes a quick collecting of a specimen for testing using a swab, similar to a Q-tip, placed inside the tip of the nose. This test utilizes an anterior swab, meaning the Q-tip will not be placed further than 3/4 inch into the nose. Our School Health Services team have been trained by the Yuma County Health Department to administer this testing process.

What is the cost of the test?

There is no cost associated with this COVID-19 student rapid testing.

When would my child(ren) be tested?

Your child(ren) would only be tested if they were symptomatic or identified as a close contact of someone who tested positive for COVID-19. If sufficient COVID-19 tests are available, the District may test a student, at the request of parent, even if they do not meet the criteria listed above. The district would only test students that had a parental/guardian consent on file.

How will results be communicated?

The school health services staff member would contact the parent to communicate the COVID-19 rapid testing results regardless of the outcome. In addition, the parent would receive information regarding next steps depending on the test outcome.

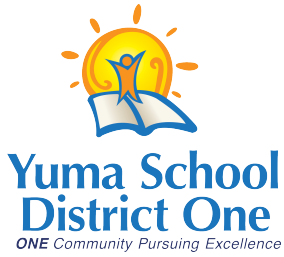
What should I do when I receive my child's test results?

If your child tests positive for COVID-19, your child will be moved to our school's designated isolation area until he/she can be picked up by a parent/guardian. Our district protocols indicate that a student who has tested positive for COVID-19 must isolate for at least 10 calendar days, and be 24 hours fever free without the use of medication, and have improved symptoms.

If your child is symptomatic, but tests negative, the student should stay home until those symptoms improve. In any situation, the district encourages parents to contact their child(ren)'s physician or health care provider for further guidance.

What are the reporting procedures associated with this testing?

Our district is mandated to report the results of each Rapid Testing conducted regardless of a negative or positive outcome to the Arizona Department of Health Services and Yuma County Health Department.



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CONSENT

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(ren) enrolled in this school district.
- I authorize the school district to conduct collection and testing of my child for COVID-19 by nasal swab.
- I understand that my child may be tested multiple times throughout the school year, depending if they are identified as symptomatic or a close contact of an individual who has tested positive for COVID-19.
- I understand the school district 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 I will seek medical advice, care and treatment for my child's medical provider if I have questions or concerns, or if their condition worsens.
- I understand that should my child(ren) test positive for COVID-19, they will not be permitted to return to school until they meet the District's criteria for returning to school in-person.
- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- I understand that this consent form will be valid through the end of the 2021-2022 school year, unless I notify the designated contact person from my child's school **in writing** that I revoke my consent.
- I understand that the District will receive the results of the COVID-19 test and may take necessary steps as authorized by governing board policy and as permitted by law, including excluding my child from in-person learning.
- I understand that my child's test results and other information may be disclosed as permitted by law.
- I understand that neither the test administrator, school district, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur as a result of agreeing to the test.
- I understand that if I do not consent to my child(ren) being tested by the school district, my child(ren) may be prohibited from returning to school in-person until they meet the District's return criteria if they exhibit symptoms, have been in close contact with an individual who tested positive for COVID-19, or if they previously tested positive for COVID-19.
- I understand that I have been informed about the testing procedure, purpose and given information surrounding this consent form.

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I consent to having my child(ren) tested by the school district.

Parent/Guardian Printed Name

Child Name

Birthdate

Phone Number

Child Name

Birthdate

Parent/Guardian Signature

Child Name

Birthdate

Date

Child Name

Birthdate

Child Name

Birthdate