

STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING

The Lamar Consolidated Independent School District takes the health and safety of our students and their families very seriously. In addition to steps to screen for the virus and prevent its spread on a campus, the district is adding a voluntary K-12 COVID-19 testing program for students. This program will use tests provided to our district by the federal government.

Lamar Consolidated ISD staff will only perform the test with parent/guardian consent. If you are willing to provide consent for Lamar Consolidated ISD staff to administer this test on your child, please fill out the form below in its entirety. An incomplete form will delay your child's testing. If you do not consent to have your child tested and they are displaying symptoms, they will not be allowed to remain at school. Of note, the parent/guardian must be present when performing testing on elementary age students.

What is the test?

The rapid test for the COVID-19 virus involves a swab, like a Q-Tip, placed inside the tip of the nose. Trained staff will collect the specimen, enter data into the reporting site and interpret the results. Test results will be made available to the parent/guardian who completes the form below. The results will be given following the test.

This program is **entirely optional** for students, although we hope you choose to have the test to keep our schools as healthy & safe as possible. The tests are being offered in addition to existing safety protocols.

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

If your child tests positive for the virus, they are required to stay home until the infectious period has ended (typically, after symptoms improve and at least 10 days from the date symptoms first appear) and your child is no longer contagious. If your child's test results are negative, the virus was not found in the specimen tested and your child may continue to attend school without interruption. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19, you should call your child's doctor, a licensed medical authority, or your local health department.

Known Symptoms:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit			
Loss of taste or smell	Cough	Difficulty Breathing	Sore Throat
Shortness of breath	Fatigue	Headache	Congestion or runny nose
Chills	Shaking or shivering	Significant muscle pain/ache	Nausea/vomiting or diarrhea

This list does not include all possible symptoms.

Disclaimer:

While we realize precautions will be taken for the safety of students, please understand that neither the test administrator nor the Lamar Consolidated Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injury that may occur to your child, as a result of agreeing to the test.

TO BE COMPLETED BY PARENT/GUARDIAN OR ADULT STUDENT

Parent/Guardian Information

Results will be given following the test.

Parent/Guardian Print Name:	
Parent/Guardian Phone #:	
Parent/Guardian Email Address:	

Child/Student Information

Student Print Name:				
School ID #:				
Driver's License #: <i>(if applicable)</i>				
Street Address:		City:		State:
Zip Code:		County:		
School:		Grade Level:		
Date of Birth: <i>(MM/DD/YYYY)</i>		Age:		
Race/Ethnicity:	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American/Indigenous	Gender:
	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown

CONSENT

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing of my child for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my child must self-isolate according to the current Lamar Consolidated Independent School District COVID-19 policies in place.
- C. I understand the school system 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 regard to my child's test results. I agree that I will seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens.
- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- E. I understand that the School Nurse and the district Human Resources will have access to my child's results.

I, the undersigned, have been informed about the test purpose, procedures, possible risks and benefits, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I may ask additional questions at any time. I voluntarily agree to this testing for COVID-19 for my child.

Signature of Parent/ Guardian:		Date:	
Signature of Student: <i>(if age 18 or over)</i>		Date:	