

STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING

TO BE COMPLETED BY PARENT / GUARDIAN

Parent/Guardian Information

Nashua School District (NSD) offers COVID-19 rapid antigen testing for K-12 students who exhibit COVID symptoms while at school. A rapid COVID-19 test is an antigen test that can quickly detect the presence of current infection. The rapid antigen test is for persons with symptoms and within a specific timeframe after onset of symptoms. NSD requires that parents, guardians, and students 18 and older provide formal consent to perform the COVID-19 test at school by signing this form below.

Parent/Guardian Print Name:	
Parent/Guardian Cell/Mobile #:	
Parent/Guardian Email Address:	

Child/Student Information

Child/Student Print Name:			
Grade Level:			
Date of Birth: <i>(MM/DD/YYYY)</i>			
Address:	City:	Zip Code:	
Race (pick one):	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say		
Ethnicity (pick one):	<input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx <input type="checkbox"/> Prefer not to say	Gender: (if more than one option applies, please select <i>Other</i>)	<input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to say

CONSENT

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

- A. I authorize collection and testing of a sample from my student for COVID-19 at school. I understand that my student's school will determine which testing types are offered to my student and will inform me of the services the school is administering prior to the start of, or any change to, the school's COVID-19 testing program.
 - i. Current test being offered is the Abbott BinexNow COVID-19 Rapid Antigen test. Test type may be subject to change based on supply availability.
- B. I understand the school is providing individual testing on symptomatic individuals: for when individuals present symptoms while at school.
- C. I understand that my student **must** stay home if feeling unwell and should not be sent to school for the purpose of testing
- D. I will be notified prior to my student receiving a test.
- E. I understand that sample type will be non-invasive, short nasal swabs.
- F. I understand that I will be notified about the results of any individual test for COVID-19 performed on my student.
- G. I understand that there is the potential for a false positive or false negative COVID-19 test result, no matter the kind of testing being performed. Given the potential for a false negative, I understand that my student should continue to follow all COVID-19 safety guidance, and follow school protocols for isolating and testing in the event the student develops symptoms of COVID-19.
- H. I acknowledge that a **positive** test result will require my student to stay home from school and that it is strongly recommended that my student self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others.

- I. I understand the school system is not acting as my student’s medical provider, this testing does not replace treatment by my student’s medical provider, and I assume complete and full responsibility to take appropriate action with regards to my student’s test results. I understand that the school strongly recommends that I seek medical advice, care and treatment from my student’s medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care my student receives from their healthcare provider.
- J. I understand that COVID-19 testing may create protected health information (PHI) and other personally identifiable information of the student, and such information will only be accessed, used, and disclosed in accordance with HIPAA and applicable law.
- K. I understand that participation in COVID-19 testing will require the school to disclose my student’s identity, demographic, and contact information to the New Hampshire Department of Health and Human Services, Division of Public Health according to State law RSA 141-C:7 and RSA 141-C:8. I authorize my school to disclose such personally identifiable information (PII) as is required for my student to participate in COVID-19 testing.
- L. I understand that nursing staff administering all COVID-19 testing have received training on safe and proper test administration. I agree that neither the test administrator nor the Nashua School District nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the COVID-19 testing program.
- M. I understand that authorizing these COVID-19 tests for my student is optional and that I can refuse to give this authorization, in which case, my student will not be tested.
- N. I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information previously released. To cancel this permission for COVID-19 testing, I need to contact the school nurse.

I, the undersigned, have been informed about the COVID-19 test purpose, procedures, possible benefits and risks, 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 can ask additional questions at any time. I voluntarily agree to this testing for COVID-19 for my student.

Signature of Parent/ Guardian:		Date:
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