

Student COVID 19 Testing Consent Form

Purpose:

The purpose of this "Student COVID-19 Testing Consent Form" is for students legally authorized to consent to COVID-19 rapid testing on their own behalf, and parents or legal guardians to consent to COVID-19 rapid testing for their children or dependents. Testing will include a rapid antigen test (NAAT) and for those who test positive by the antigen test, a rapid nucleic acid amplification test. COVID-19 is spread primarily from person-to-person through respiratory droplets. Our Stanwood-Camano School District ("District") COVID Safety Plan calls for students to wear face coverings/masks, maintain six feet of distance between one another at all times, wash hands frequently, and perform wellness checks prior to attending school daily. Infections may occur despite these safety protocols. To help prevent the spread of COVID-19, this testing, with follow-up contact tracing, and separation/isolation of a student may enhance the health and safety of our community.

The District has engaged and will work collaboratively with Seattle Children's Research Institute ("Seattle Children's") to perform COVID-19 testing. A Seattle Children's lab will perform and oversee the testing using a designated testing team of trained individuals from Seattle Children's and the District. The District will report results to parents and legal guardians of students. Seattle Children's will be responsible for managing and reporting results to public health departments as required by law.

Authorizations:

- I authorize Seattle Children's to administer COVID-19 rapid antigen and molecular testing to my child.
- I authorize the Seattle Children's testing team 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 test positive for COVID-19 using the rapid antigen test I understand an additional molecular nucleic acid amplification test (NAAT) is recommended to validate the result. NAATs are performed to detect the virus genetic material at the time of the test. If my child's NAAT result is positive or if I do not take a NAAT, I agree to keep my child home (isolate) for 10 days.

Acknowledgements:

I voluntarily agree for my child to be tested for COVID-19. I understand that my child's test results will be disclosed to the District and will be reported to state and local public health authorities as required by law. 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 will be separated from others and wear a mask or face covering while on campus. 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 and treatment from a healthcare provider if I have questions or concerns, or if my child's condition worsens. I understand that Seattle Children's is only providing COVID-19 testing, and is not responsible to provide any additional diagnostic or treatment advice. I understand the 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 that I can request a copy of this consent form. I can ask questions before or after I sign this consent form and have read the Abbott Fact Sheet For Patients and the Cue Fact Sheet For Patients. I understand I can contact my child's school at any time to end my child's participation in the testing program.

Student's name _____ Student's Date of Birth _____

Parent or Guardian's name _____



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Parent or Guardian's signature _____ Date _____