

March 2021

## **COVID-19 Testing Information and Consent Form**

### **Why do we need to carry out COVID-19 testing?**

Keeping school buildings open depends upon awareness of and immediate action on any COVID-19 concerns in our school. To do this, we need students and staff in school to be tested. That is why we will be carrying out random weekly testing as of March 16, 2021. We will take weekly random student and teacher Covid-19 tests from each pod to ensure our campus stays COVID-19 free.

We are focused on making this a brief and gentle experience for our students and staff.

### **Before testing:**

- For the students to undergo the COVID-19 test we need a consent form signed by the guardian.
- Staff can voluntarily participate and ask for the test once a week.

### **Exemptions for students and staff:**

- We want to assure you that if a student is selected for testing but is uncomfortable or unable to be tested, we will not test the student and will work with them to address any concerns so that they can participate in future testing.
- The students and staff who need a medical exemption due to a health condition that would make it unsafe to undergo testing (e.g., facial trauma, nasal surgery).
- The students and staff with disabilities who cannot be safely tested in school due to the nature of their disability.

### **During testing:**

- We use only an authorized collection kits and materials provided in the kit to collect and store the specimen.
- The test is easy, quick, and safe. It gives a reliable result within ten minutes and this only needs 2.5cm deep, gentle front nasal swab or oral swab.
- We follow universal precautions like hand washing, wearing and changing mask, gloves and gown for each individual.

### **After testing:**

- It takes 10-15 minutes to get the results.
- The results are kept confidential either (positive or negative) and only discussed with concerned class teacher, co-ordinator and parents.

### **How often will my child be tested?**

- Our nurse will test a random selection of students and staff at least once a week.
- If you consent, your child may be selected for testing on one or more of these occasions.
- Your child may also be tested throughout the school year if they exhibit one or more symptoms of COVID-19 or if they are a close contact of a student, teacher, or staff person with COVID-19 infection.

### **How will I know if my child was tested?**

- You will receive an e-mail informing you that your child has been tested if the test result is negative. For positive results you will be contacted immediately.

### **What will happen if my child's test result is positive?**

- If your child's test results are positive, we will immediately place them in the quarantine room on campus and call the guardian to have them collected from school.
- Please contact your child's doctor immediately to review the test results and discuss what you should do next.
- You should keep your child at home.
- If your child's test results are negative, this means that the virus was not detected in your child's specimen. Tests sometimes produce incorrect negative results (called "false negatives") in people who have COVID-19. 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.

**Please complete the form below and return it to school as soon as possible or by March 26 at the latest.**

**The preferred method of returning the signed consent form is to scan it and send it to our ISF nurse: [nurse@isf-sabis.net](mailto:nurse@isf-sabis.net) . If this is not possible, please give the form to your child to return to the homeroom teacher.**

**CONSENT FORM FOR COVID-19 TESTING**

**TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT**

Parent/Guardian Information	
Parent/Guardian Print Name:	
Parent/Guardian Address:	
Parent/Guardian Tel./Mobile:	
Parent/Guardian Email address:	
Best way to contact you:	
Consent	
<p>By signing below, I attest that:</p> <ul style="list-style-type: none"> <li>• I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.</li> <li>• I consent for my child to be tested for COVID-19 infection.</li> <li>• I understand that my child may be tested at multiple times through Term 3 AY20/21, and that testing may occur; on days scheduled by ISF, if they exhibit one or more symptoms of COVID-19, or if they are a close contact of a student, teacher, or staff person with COVID-19 infection.</li> <li>• I understand that this consent form will be valid through Term 3 AY20/21 unless I notify the designated contact person from my child's school in writing that I revoke my consent.</li> <li>• I understand that if I revoke my consent or refuse to sign, my child may be required to continue their education via remote learning.</li> <li>• I understand that my child's test results and other information may be disclosed as permitted by law to <b>only</b> the legally authorized authorities.</li> </ul>	
Student Name (First, Last):	
Signature of Parent / Guardian / Adult Student:	
Date:	