

## Campus Community

### Covid Testing – Student Consent Form

20-21

#### OVERVIEW:

Campus Community School (CCS) has partnered with the Delaware Department of Health and Social Services – Division of Public Health to test students for Covid-19 infection through antigen testing. This testing will be required for all hybrid students in our school.

With your consent, your child will receive a free screening test for the Covid-19 virus prior to returning to in-person instruction and then periodically throughout the remainder of the school year. The first screening test will be conducted through a drive-thru event at the school, and after that, all testing will be done during the school day. Collecting the specimen involves swabbing the lower nostrils.

The type of testing being used is the BD Veritor System for Rapid Detection of SARS-CoV-2. It is known to be 95% accurate. You will be notified of results only if your child ever tests positive. If your child tests positive through the school's testing program, he/she will need to be picked up from school and have an additional PCR type Covid test done within 48 hours to confirm the results. The school will help in identifying where the additional test can be performed.

The school's antigen testing is meant to be an additional safety layer in helping to identify potentially infected individuals as early as possible and reduce the spread of Covid. It does not guarantee that your child does not have Covid or will not get Covid. All additional safety measures such as mask wearing, social distancing, and frequent handwashing should still be followed.

#### NOTIFICATION of INFORMATION SHARING:

The law allows some information about your child to be shared with and among certain Delaware State agencies and their contracted service providers, including those listed below. This information will be shared only for public health reasons, which may include notifying close contacts of your child if they have been exposed to Covid-19 and taking other steps to prevent the further spread of Covid-19 in your school community. Information about your child that may be shared with these agencies and service providers conducting Covid-19 testing includes your child's name, Covid-19 test results, date of birth, gender, race, ethnicity, school name, teacher, classroom, enrollment and attendance history, names of guardians, address, telephone number, and email address. Sharing of information about your child will only be done so in accordance with applicable law and policies protecting student privacy and the security of your child's data.

\*Campus Community School

\*DE Department of Education

\*DE Division of Public Health

\*Staff conducting Covid-19 Antigen Testing

**PLEASE FILL OUT ALL OF THE INFORMATION ON THE BACK SIDE OF THIS FORM.**

**Campus Community**

**Covid Testing – Student Consent Form**

**20-21**

**STUDENT DEMOGRAPHICS:**

Student Name (first and last): \_\_\_\_\_

Grade Level and Homeroom Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**\*\*I consent to receive Covid results through email and by phone:** \_\_\_\_\_

(Parent Signature)

**Student Race (choose one):**

American Indian or Native Alaskan

Multiracial

Other: \_\_\_\_\_

Asian or Pacific Islander

White

Black

Unknown

**Student Ethnicity (choose one):**

Hispanic

Non-Hispanic

Unknown

**Covid History:**

Has the student tested positive for Covid or been presumed positive in the last 90 days?

NO YES If yes, when? \_\_\_\_\_

Has the student been in close contact with a known positive in the last 14 days?

NO YES If yes, when? \_\_\_\_\_

**CONSENT:**

By signing below, I attest that:

- I am legally authorized to make decisions for the child named above.
- I consent for my child to be tested for Covid19 infection through the antigen testing program at CCS.
- I understand that my child may be tested at multiple times through June 2021 as scheduled and determined by CCS
- I understand that my child's test results and other information may be disclosed as permitted by law.

Name of Parent/Guardian giving consent: \_\_\_\_\_

Signature of Parent/Guardian giving consent: \_\_\_\_\_

Date: \_\_\_\_\_