

## **Sunapee School District COVID-19 Symptomatic Testing Permission Form**

Dear Sunapee School Families,

Thank you for your continued partnership and understanding during these unprecedented times. In an effort to prevent the spread of COVID-19, we have been provided with rapid antigen tests from the N.H. Department of Health & Human Services (DHHS) to utilize for students who develop symptoms of COVID-19 while at school. **There is no cost to families for this service.**

The purpose of this letter is to ask your permission to test your child if he/she were to develop symptoms of COVID-19 during school hours. This will allow us to take some of the burden off your family to acquire testing and to potentially identify and isolate any students who test positive for COVID-19 as quickly as possible.

### **What is the test?**

If your child becomes symptomatic during school hours, **with your consent**, your child will receive a free BinaxNOW™ rapid antigen test for the COVID-19 virus. Collecting a specimen for testing involves using a swab, similar to a Q-tip, placed inside each nostril and swirled around for about 5 seconds. Once swabbed, it takes 15 minutes to develop. The School Nurse or certified nurse assistant who have been trained to use this test will collect the specimen and run the test. To maintain a trusting relationship with our students, no child will be tested if they do not willingly agree. If this happens, we will ask you to come get your child and take them elsewhere for testing or isolate per the NH DHHS guidance. Test results will be made available to the parent/guardian. This program is entirely **optional** for students, although we hope you choose to have the test if your child is experiencing COVID-19 similar symptoms to keep our schools as healthy and safe as possible.

### **Covid-19 BinaxNOW™ Antigen Testing Consent Form and Waiver and Release of Claims**

- I authorize the school district to collect a sample and perform rapid antigen BinaxNOW™ testing of my child for COVID-19 by nasal swab if my child shows signs of COVID-19 during school hours;
- I understand that if my child tests negative, my child may still be required to be sent home for symptom improvement/resolution; that I or my child's emergency contact(s) will be available to pick up my child from school in a timely manner;
- I acknowledge that a positive test result is an indication that my child must self-isolate at home for a minimum of 10 days from symptom onset;
- I acknowledge that my child will be asked to wear a disposable mask while they are awaiting test results and awaiting parent pick up;
- I understand the school system is not acting as my child's healthcare provider, that this testing does not replace treatment by my child's healthcare 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 health care provider if I have questions or concerns, or their condition worsens;

- I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I, the undersigned, have been informed about the test's purpose, procedures, possible benefits and risks, and I understand that a copy will be kept on file in the school nurse's office. 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 and voluntarily agree to the testing;
- I authorize the School Nurse or Certified Nurse's Assistant to provide the above test for my child in the event of COVID-19 symptoms development during the school day. I agree that I will not hold this person(s) liable while he/she is acting in accordance with test manufacturer directions. I agree to release the SAU 85 the Sunapee School District/School Nurse/Certified Nurse Assistant from liability or responsibility for any physical injury or medical problem which may arise from my child's participation in this testing program. In addition, I agree to pay for all medical services for my child, and promise to hold the District and SAU 85 harmless from liability for such services. A copy of this Authorization is of equal validity as the original document.
- I agree that this Consent shall remain in effect for the entire 2021-2022 school year (expiring on the last day of the school year) and may apply to multiple tests during that period of time, unless revoked.
- I understand that I must provide written notice to the school if I wish to revoke this Consent, which I may do at any time. I understand that revocation is not effective to prior actions in reliance on the authorization contained in this Consent prior to revocation.
- I understand that this Consent may allow disclosure of health information which may no longer be protected by federal or state law; specifically test results will be disclosed to county and state health officials and designated school officials.

#### **Waiver of Liability and Release of Claims:**

*In providing my consent for the District to administer the BinaxNow antigen test to my child, and to the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against District, its insurers, the District's Governing Board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, disability, or death that may occur to my child, me, or my household members as a result of the test administration or a false negative/false positive test result from the District's administration of the COVID-19 BinaxNOW antigen test to my child. I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a lawsuit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of the test administration or a false negative/false positive test result from the District's administration of the COVID-19 BinaxNOW antigen test given to my child.*

**PLEASE SIGN AND RETURN THE SIGNED PAGES TO SCHOOL NURSE OR EMAIL SIGNED COPY TO**

SCES, [jgrovo@sunapeeschools.org](mailto:jgrovo@sunapeeschools.org)

SMHS, [jgrovo@sunapeeschools.org](mailto:jgrovo@sunapeeschools.org) or [cgarvin@sunapeeschools.org](mailto:cgarvin@sunapeeschools.org)

**BY MY SIGNATURE BELOW, I AGREE TO THE ADMINISTRATION OF THE COVID-19 BINAXNOW ANTIGEN TEST BY DISTRICT PERSONNEL TO BE PROVIDED TO MY CHILD**

Parent/Guardian name (Printed):

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review the BinaxNOW Fact Sheet here: <https://www.fda.gov/media/141569/download>

**This Consent Form must be completed and on file in the nurse's office for your child to receive antigen testing while at school. This Consent Form will remain valid during the 2021-2022 school year until withdrawn in writing.**

**Covid-19 BinaxNOW™ Antigen Testing Consent Form and Waiver and Release of Claims**

Dear Parents/Guardians:

While at school, your child may be eligible to receive a nasal swab BinaxNOW antigen test if he/she is showing symptoms of COVID-19. Symptoms may include: cough, fever, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting or diarrhea. If you would like your child to receive the BinaxNOW antigen test if he/she is showing symptoms of COVID-19, please complete the following information:

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent/Guardian Name(s):**

\_\_\_\_\_

**School:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**CellPhone:** \_\_\_\_\_

**(Initial each line separately. Every line must be initialed for consent to be valid):**

a. \_\_\_\_\_ I authorize the nurse or certified nurse assistant of the Sunapee School District to administer the COVID-19 BinaxNOW antigen test to my child.

b. \_\_\_\_\_ I understand that all test results will be disclosed to county and state health officials and designated school officials.

c. \_\_\_\_\_ I understand that there is the potential for a false positive or false negative COVID19 test result.

d. \_\_\_\_\_ If my child has symptoms, I have been informed that a negative test will not necessarily rule out infection or COVID-19 and my child may still be required to remain at home until he/she can safely return to a school campus.

e. \_\_\_\_\_ I have reviewed and accepted the Sunapee School District Covid-19 BinaxNOW™ Antigen Testing Consent Form and Waiver and Release of Claims and agree to its terms.