

## JCPS COVID Testing Informed Consent Form - (Parent/Guardian or Students Age 18 or over)

Jefferson County Public Schools (JCPS) is partnering with laboratories and other providers to test students and staff members for COVID-19 infection.

If you consent, you (if you are a JCPS student age 18 or over)/your child will receive free testing for the COVID-19 virus. Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose, or a collection of saliva from the mouth. Staff who have been trained to use these tests will collect the specimens.

- Test results will be made available to the parent/guardian or student age 18 or older who signs the consent included below. The results will be sent by text message and/or email.
- Test results are reported to the state and local health departments as required by law during this pandemic.
- This program is **ENTIRELY OPTIONAL** for students although we hope you choose to have the test to help keep children and staff as healthy & safe as possible.
- The tests are being offered in addition to existing safety protocols such as wearing masks, social distancing, hand hygiene, and cleaning.

### What should I do when I receive my child's test results?

If you/your child tests positive for the virus, you or your child will move to a room away from other students and staff until you are able to leave, or a child is able to be picked up. We ask that you/your child stay home until the infection period has ended (typically, after symptoms improve and at least 10 days from the date symptoms first appear) and you/your child is no longer contagious. These dates will be shared with you by staff doing contact tracing. If your/your child's test results are negative, you/your child may continue to attend school without interruption. In a small number of cases, tests sometimes produce incorrect results- showing negative results (called "false negatives") in people who have COVID-19 or showing positive results (called "false positives") in people who don't have COVID-19.

If you/your child tests negative but has symptoms of COVID-19, or if you have concerns about your/your child's exposure to COVID-19, you should call your/your child's health care provider, the health department, or the state COVID-19 hotline at (800) 722-5725.

### Known Symptoms

People with COVID-19 have had a wide range of symptoms reported- ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever (greater than 100.4F) or chills
- New, uncontrolled cough
- New shortness of breath or difficulty breathing
- Fatigue
- Muscle or Body Aches (not due to muscle strain)
- Headache
- New loss of taste or smell
- Sore Throat
- Congestion or runny nose
- Nausea or Vomiting
- Diarrhea

This list does not include all possible symptoms.

### Disclaimer

Please understand that neither the test administrator nor JCPS are liable for any accident or injuries that may occur as a result of agreeing to the test.

TO BE COMPLETED BY PARENT, GUARDIAN, OR ADULT STUDENT	
Parent/Guardian Information	
Parent/Guardian Print Name:	
Parent/Guardian Cell/Mobile # <i>Note: results may be texted to this cell number</i>	
Parent/Guardian Email Address:	
Please check how you would like to be notified of results: by cell ___ email ___ both ___	
Child/Student Information	
Child/Student Print Name:	
Street Address:	
City	
State/ Zip Code	
Date of Birth:	
Race/Ethnicity (circle one)	Hispanic/Latino American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Two or more races
Gender	Male Female Other
School Name:	
Consent	

By signing below, I attest that:

- I authorize JCPS and any testing organization with which it has partnered, to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal or oral swab.
- I acknowledge that a positive test result is an indication that my child or me (if student age 18 or older), must self-isolate as directed to avoid infecting others.
- I understand that the testing organization and JCPS are not acting as my/my child's medical provider, this testing does not replace treatment by my/my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my or my child's test results.
- I agree I will seek medical advice, care and treatment from my/my child's medical provider if I have questions or concerns, or if my/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 understand that my/my child's test results will be shared with the state and local health departments, JCPS, and any other governmental entity as may be required by law. I consent to this sharing of my/my child's test results.
- If I am a student aged 18 or older, I understand that JCPS may share my test results with my parents, and I authorize JCPS to release my test results to my parents listed in my education records on file at my school.

I, the undersigned, have been informed about the 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 understand that I can revoke my consent for further testing by sending written notice to the school. I voluntarily agree to this testing for COVID-19.

\*If you have questions about the testing program before signing, please call Health Services at 485-3387

Signature of Parent/Guardian, or student over age 18:	
Relationship to Student:	
Date:	