



STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING

The A.W. Brown Leadership Academy takes the health and safety of our scholars and their families very seriously. As such, in addition to steps to screen for the virus and prevent its spread on a campus, we are adding a voluntary PreK-8 COVID-19 testing program for scholars. This program uses Abbott Laboratories BinaxNOW tests provided by the federal government. We will only test with your consent. If you are willing to provide consent for us to administer this test on your scholar, please fill out this form.

What is the test?

If your scholar is symptomatic or part of a group that is designated for testing, if you consent, your scholar will receive a free BinaxNOW rapid test 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. A school staff member who has been trained to use this test will collect the specimen and a trained COVID-19 test administrator will oversee the process. Test results will be made available to the parent/guardian who signs this form below. The results will be sent by text message and email within 24 hours of the test. This program is **entirely optional** for scholars, although we hope you choose to have the test to keep our schools as healthy & safe as possible. The tests are being offered in addition to existing safety protocols such as mask-wearing, hand washing, social distancing, and frequent disinfection of surfaces.

What should I do when I receive my scholars' test results?

If your scholar tests positive for the virus, your scholar will be moved to a room away from other students and staff until you can pick him/her up. We ask that you keep your scholar home until the infection period has ended (typically, after symptoms improve and at least 10 days from the date symptoms first appear) and your scholar is no longer contagious. If your scholar's test results are negative, the virus was not found in the specimen tested and your scholar 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 your scholar tests negative but has symptoms of COVID-19, or if you have concerns about your scholar's exposure to COVID-19, you should call your scholar's doctor, a licensed medical authority, or your local health department.

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:

- Feeling feverish or a temperature greater than or equal to 100.0 degrees Fahrenheit
- Cough
- Shortness of breath
- Headache
- Sore throat
- Shaking or exaggerated shivering
- Diarrhea
- Loss of taste or smell
- Difficulty breathing
- Fatigue
- Chills
- Congestion or runny nose
- Significant muscle pain or ache
- Nausea or vomiting

This list does not include all possible symptoms.

Disclaimer:

While we realize precautions will be taken for the safety of scholars, please understand that neither the test administrator nor the A.W. Brown Leadership Academy, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your scholar, as a result of agreeing to the test.

TO BE COMPLETED BY PARENT/ GUARDIAN

Parent/Guardian Information

You will be notified with test results either via cell phone or email, or both.

Parent/Guardian Print Name:	
Parent/Guardian Cell/Mobile #: <i>Note: results will be texted to this cell #</i>	
Parent/Guardian Email Address:	

Scholar/Student Information

Scholar/Student Print Name:			
School ID #:	N/A		
Driver's License #: <i>(if applicable)</i>			
Street Address:	City:	State:	
Zip Code:	County:		
School:	A.W. Brown Leadership Academy	Grade Level & Campus:	<input type="checkbox"/> Genesis <input type="checkbox"/> Quest
Date of Birth: <i>(MM/DD/YYYY)</i>		Age:	
Race/Ethnicity:	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Indigenous <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown

CONSENT

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing of my scholar for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my scholar must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand the school system is not acting as my scholar's medical provider, this testing does not replace treatment by my scholar's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my scholar's test results. I agree I will seek medical advice, care and treatment from my scholar's medical provider if I have questions or concerns, or if their condition worsens.
- D. 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 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 voluntarily agree to this testing for COVID-19.

Signature of Parent/ Guardian:		Date:	
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