



# **Student Covid-19 Rapid Testing Parental Consent Form**

# COVID-19 CONSENT FORM



## DESCRIPTION AND PURPOSE

### What is this form?

The Virgin Islands Department of Education (VIDE) has made it its intent and purpose to reopen the public schools for the 2021-2022 academic year following the COVID-19 pandemic. The VIDE has created this form to **gain consent from parents/guardians to conduct rapid antigen testing on students whenever they show symptoms of COVID-19 and monthly sampling of students using PCR (polymerase chain reaction) testing to track trends, assist with contact tracing, and for monitoring purposes.**

### What is the test?

**If you consent**, your child will receive a free diagnostic test for the COVID-19 virus, either a rapid antigen and/or PCR test. Collecting a specimen for testing involves inserting a small swab, like a Q-Tip, into both nostrils and twirling five times.

### How will I know if my child tests positive?

If your child has a specimen collected for testing, we will email you, send information home with the child, or direct you to enroll on a website to retrieve your child's COVID-19 status. Depending upon the test administered, COVID-19 test results will be available within 15-20 minutes for an antigen rapid test and 24-36 hours (about 1 and a half days) for a PCR test.

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

If your child's test results are positive, 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.

### Information for Parents/Guardians and Students:

A student that shows symptoms related to COVID-19 will not be allowed to remain in class and school. If you have more questions about your school's COVID-19 response efforts, please contact the school administrator and/or the school nurse and refer to the chart herein. You may also refer to the chart for information on our COVID procedure.

Test results may be shared to the school nurse, VIDO (Virgin Islands Department of Health), or other local and federal public health authorities as relevant.

**In accordance with the Family Educational Rights and Privacy Act (FERPA) and local privacy protections, a student's personally identifiable information will never be made public. All information will remain confidential.**

The CDC recommends anyone infected with COVID-19 should remain in quarantine for 10 to 14 days (about 2 weeks) after experiencing symptoms, depending on the severity of symptoms. Visit the CDC's Coronavirus webpage for more information on the disease and keeping you and your family safe: [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus).

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## CONSENT

By signing this form, I certify that:

- I acknowledge the contagious nature of COVID-19 and voluntarily accept the risk that my child may be exposed to or infected by COVID-19 due to school activities, which may result in personal injury, illness, disability, or even death.
- I understand that my child may encounter teachers, other school staff, and/or the other students who are also at the risk of community exposure. I fully understand that any precaution is not 100 percent effective to prevent COVID-19 infection.
- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named below.
- **I consent for my child to be tested for COVID-19 infection.**
- I understand that my child may be tested at multiple times throughout the school year and that testing may occur if he/she exhibits one or more symptoms of COVID-19, or if he/she is a close contact of a student, teacher, or staff person with COVID-19 infection.
- **I understand that this consent form will be valid throughout the academic school year unless I notify the school administrator/school nurse in writing that I revoke my consent.**
- **I understand that if I revoke my consent or refuse to sign my child may be required to continue their education via remote learning.**
- I understand that my child's test results and other information may be disclosed as permitted by law, i.e., HIPPA and FERPA, and will be given to the Virgin Islands Department of Health.
- I understand that if I am a student aged 18 or older, I may otherwise legally consent for my own health care, references to "my child" refer to me, and I may sign this form on my own behalf.
- I understand that I will immediately notify the school administration if I become aware of any person whom my child or anyone in the family has had contact or demonstrated any of the symptoms mentioned above, or is advised to self-isolate, or has tested positive, or is assume to be COVID-19 positive.
- I understand that I am responsible for my child to be free from any COVID-19 symptoms before participating in any school activities.

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**PRINT NAME OF STUDENT**

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**STUDENT DATE OF BIRTH**

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**SIGNATURE OF PARENT/GUARDIAN**

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**PARENT TELEPHONE CONTACT NO.**

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**DATE**

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**PARENT EMAIL ADDRESS**

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RAPID ANTIGEN TEST FOR STUDENTS PRESENTING WITH COVID-19 SYMPTOMS (OR OTHERWISE ILL)	MONTHLY SAMPLE TESTING OF STUDENTS FOR COVID-19
<p>Students return to school in person for Pre K – 3<sup>rd</sup> grades, CTE students in specific pathways and self-contained Special Education students with written parental consent for testing in place</p>	<p>School administrator consults with school nurse on 10 percent of students to participate in monthly PCR testing <b>(students with parental consent only)</b></p>
<p>Students presents as sick; Teacher/staff reports, or student self-reports, to school nurse</p>	<p>Sample testing is required by the Virgin Islands Department of Health (DOH) for surveillance purposes, contract tracing, to track COVID-19 trends, etc. and is recommended by the CDC</p>
<p>Student is escorted to isolation room and is properly supervised; school nurse conducts rapid antigen test (with parental consent)</p>	<p>Test results from PCR testing are available to school nurses and parents online within 24-36 hours</p>
<p><b>NOTE:</b> If multiple ill students, they will be placed in the same isolation room, ensure masks are used, and remain at least 6 feet apart and <u>within the sneeze guard/plexi-glass barrier</u></p>	<p>The protocol for students who test positive based on a PCR test is the same as a student who tests positive on an antigen test</p>
<p><b>IF THE STUDENT TESTS POSITIVE.....</b></p>	<p>The most common symptoms of COVID-19 in children include fever or chills, cough, nasal congestion or runny nose, new loss of taste or smell, shortness of breath or difficulty breathing, diarrhea or vomiting, stomachache tiredness, headache, muscle or body aches, and poor appetite</p>
<p>Parents are notified to pick-up student from school and student quarantines for 10 - 14 days. If the student’s test result is positive, the parent is to contact the student’s doctor immediately to review the test results and discuss next steps. The student may participate in school virtually while quarantining. The school administrator is to ensure confidentiality of the identity of the student.</p>	
<p>School nurse uploads test results to the DOH Beacon System</p>	
<p>School administrator conducts close contact tracing and reports to Insular Superintendent or Designee</p>	
<p>Student can only return to school with clearance from the DOH</p>	