



Wyoming Valley West School District



450 North Maple Avenue, Kingston, PA 18704-3683
School Safety and Security Coordinator
Phone: (570) 288-6551 Fax: (570) 714-4525

STUDENT CONSENT FORM FOR COVID-19 TESTING

The Wyoming Valley West School District takes the health and safety of our students and their families very seriously. As such, in addition to steps to screen for the virus and prevent its spread, we are adding a VOLUNTARY K-12 COVID-19 testing program for students. 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 child, please fill out this form.

What is the test?

If your child is symptomatic and sent to our school nurse for evaluation, if you consent, your child 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 provided to you by phone, using the contact information provided below. This program is entirely optional for students, but we encourage you to consent to the test to keep our schools as healthy & safe as possible. The tests are being offered at no cost to enhance our existing safety protocols such as mask-wearing, social distancing, frequent disinfection of surfaces, and completion of the daily wellness screening.

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

If your child tests positive for the virus, your child 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 child home until the infection period has ended (typically, after symptoms improve and at least 10 days from the date of the positive test) and your child is no longer contagious. If your child's test results are negative, this means that the virus was not found in the specimen tested and 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 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, 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:

Your child is experiencing one of the following symptoms:

New loss of smell or taste
Persistent Cough
Shortness of breath or difficulty breathing

Your child is experiencing two or more of the following symptoms:

Fever (100.4 or greater)	Nausea or vomiting
Runny nose/congestion	Headache
Sore throat	Diarrhea
Muscle pain	

This list does not include all possible symptoms.

Disclaimer: While we realize precautions will be taken for the safety of students, please understand that neither the test administrator nor the Wyoming Valley West School District nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child as a result of consenting to the test.

TO BE COMPLETED BY PARENT OR 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:	

Child/Student Information

Child/Student Print Name:				
Driver's License #: <i>(if applicable)</i>				
Street Address:		City:		State: PA
Zip Code:		County:		
School:				Grade Level:
Date of Birth: <i>(MM/DD/YYYY)</i>				Age:
Race/Ethnicity:	Asian	Hispanic	Native American/Indigenous	Gender: Female Male
	Black	White	Unknown	Non-binary

CONSENT

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing of my child for COVID-19 by nasal swab.
- B. If my child resists the test, the nurse can refuse to perform the test for safety concerns.
- C. I acknowledge that a positive test result is an indication that my child must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- D. I understand the school system is not acting as my child's medical provider, and this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care, and treatment from my child's medical provider if I have questions or concerns, or if my child's condition worsens.
- E. 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:	
Signature of Student: <i>(If age 18 or over or otherwise authorized to consent)</i>		Date:	