

PARENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING OF STUDENTS

Life School 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 on a campus, 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 or yourself (if a student age 18 or older), please fill out this form.

What is the test?

If your child is symptomatic or part of a group that is designated for testing, if you consent, your child may receive a free BinaxNOW rapid test for the COVID-19 virus at any point during the 2020-2021 school year, if deemed appropriate by school health staff or other trained test administrators. 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 students, although we hope you choose to have the test to keep our schools as healthy and safe as possible. The tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces. There is currently no charge for this testing, if performed.

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

If your child or you (if a student age 18 or older) 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. Additionally, any student who tests positive must stay at home throughout the infection period, and cannot return to school until Life School screens the student to determine if the re-entry conditions set by the Texas Education Agency have been satisfied. Specifically, the student may return to school when all three of the following criteria are met: (i) at least one day (24 hours) has passed since recovery (resolution of fever without the use of fever-reducing medications); (ii) the student has improvement in symptoms (e.g., cough, shortness of breath); and (iii) at least ten days have passed since symptoms first appeared, and the student is no longer contagious. If your child's test results are negative, 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 or current symptoms and health 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:

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

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 Life School, nor any of its trustees, directors, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child or yourself (if a student age 18 or older), as a result of agreeing to the test.

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

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:				
School ID #:				
Driver's License #: <i>(if applicable)</i>				
Street Address:		City:		State :
Zip Code:		County:		
School:			Grade Level:	
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	Gender:
	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown

CONSENT

By signing below, I attest that:

- A. I authorize Life School to conduct collection and testing of my child or me (if a student age 18 or older) for COVID-19 by nasal swab.
- B. I authorize my child's test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.
- C. I understand that testing availability is limited and not guaranteed.
- D. I acknowledge that a positive test result is an indication that my child or me (if a student age 18 or older) must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- E. I understand the school system is not acting as my child's medical provider, 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 their condition worsens.
- F. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- G. I RECOGNIZE THAT LIFE SCHOOL AND ITS DIRECTORS, EMPLOYEES, AND VOLUNTEERS POSSESS IMMUNITY FROM LIABILITY AND SUIT UNDER TEXAS LAW, AND THAT NOTHING IN THE OPTIONAL COVID-19 TESTING PROGRAM SHALL BE CONSTRUED AS A WAIVER OF ANY DEFENSE AVAILABLE TO LIFE SCHOOL AND ITS TRUSTEES, DIRECTORS, OFFICERS, EMPLOYEES, AND/OR VOLUNTEERS, INCLUDING BUT NOT LIMITED TO ANY STATUTORY OR GOVERNMENTAL IMMUNITY AVAILABLE TO IT/THEM UNDER APPLICABLE LAW.

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:	