



COVID-19 Student Testing Consent Form Required for Participation in Hybrid Learning

In order to maximize the safety of our students and staff, the School District of Philadelphia will conduct COVID-19 testing of students participating in hybrid learning, in the school building and during the school day. This program will test both students without symptoms (Asymptomatic Testing) and students with symptoms consistent with COVID-19 (Symptomatic Testing). Because testing will need to be performed regardless of a parent or guardian's availability at the time a test will be administered, the prior consent for testing is required for all students who participate in hybrid learning.

To consent to this testing, you need to review this consent form, complete the requested information, and submit it to the School District of Philadelphia. If you picked hybrid participation for your child but do not complete and return this form acknowledging your consent to the testing program, your child will continue to participate in their class through digital participation as they have been doing this school year.

Explanation of Test

The school district will provide Abbott's BinaxNOW COVID-19 Rapid Antigen Test to students for whom we have received prior parent/guardian consent. The test will be administered by Certified School Nurses who have been formally trained by Children's Hospital of Philadelphia and the Philadelphia Department of Public Health. This test is a quick nasal swab of both nostrils. It is found to be fast and painless. (It is **NOT** the deep-sinus swabs that some individuals have found uncomfortable.) The test involves inserting a small swab, like a Q-Tip, into the front of the nose in both nostrils; and results will be available in 15 minutes.

Families will be notified by email or text on the day that their student was tested. All results, whether positive (meaning the test result indicates that your child is carrying the COVID-19 virus) or negative (meaning the test result indicates that your child is not carrying the COVID-19 virus), will be communicated to the student's parent/guardian.

Testing Guidance

- **Asymptomatic (Surveillance) Testing:** This type of testing determines whether people without symptoms might be carrying the COVID-19 virus even if they do not feel sick. Over the course of five weeks (February 22 - March 22), all students participating in hybrid learning will be tested at least one time. Students who are unable to wear a face mask due to a medical or mental health condition or disability, documented in accordance with Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act (IDEA), will be tested weekly (February 22 - June 11). These students and classmates or staff in their classroom could potentially be at higher risk of exposure or transmission of COVID-19, since these students may not be able to consistently or properly wear a face mask and social distancing may not be able to be observed.
- **Symptomatic Testing:** As a reminder, as parent/guardian you will be required to evaluate your child for COVID-19 symptoms every morning before leaving for school and to keep your child home if they do not pass the morning pre-entry health screening. If your child passes the morning pre-entry health screening you conducted at home and arrives at school healthy but develops symptoms of illness associated with COVID-19 infection during the school day, your child will be tested.

Symptoms include:

- fever of 100.4°F or greater
- cough (not related to pre-existing condition)
- shortness of breath
- sore throat
- headache
- chills
- new onset of loss of taste or smell



TO BE COMPLETED BY PARENT/GUARDIAN; REQUIRED FOR HYBRID LEARNING PARTICIPATION

Parent/Guardian Information

You will be notified of test results within 1 hour either via cell phone or email, or both. Please make sure your contact information is up to date.

Parent/Guardian Name:	
Parent/Guardian Cell/Mobile #: Note: results will be sent to this cell#	
Parent/Guardian Email Address: Note: results will be sent to this address	
Child/Student Information	
Child/Student Name:	
Name of School:	
Grade:	
Child's Date of Birth (MM/DD/YYYY):	

By signing below, I consent to follow and understand that my child must follow School District of Philadelphia Health and Safety protocols, consent to my child's being tested by a Certified School Nurse through surveillance testing and symptomatic testing as described above and as a condition of participating in the hybrid program, consent to test results being shared with me at the phone number and/or email address provided above, and acknowledge and agree to the following:

- I am signing this form freely and voluntarily.
- I am the parent or legal guardian of and am authorized to make decisions for the child named above.
- I understand that in order for my child to participate in hybrid learning, I must agree to allow the School District of Philadelphia to test my child for COVID-19 regardless of whether they show symptoms of illness.
- I authorize the School District of Philadelphia to test my child for COVID-19. I understand that my child may be tested as often as determined necessary by the Certified School Nurse, and that this consent extends to all surveillance and symptomatic COVID-19 testing performed during the remainder of the 2020-2021 school year.
- I understand that my child's test results, and related information will be forwarded securely to the Philadelphia Department of Public Health, the Pennsylvania Department of Health, and the Centers for Disease Control.
- I acknowledge that a positive test result will require me to promptly pick my child up from school and keep them home until they meet the criteria to return to school according to School District Health and Safety protocols even though COVID-19 tests may not be 100% accurate and have the potential for false positive or false negative results.
- I understand that the Certified School Nurse and School District of Philadelphia are not and are not acting as my child's medical provider and that this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to follow up with a medical provider to determine appropriate action with regard to my child's test results.



THE SCHOOL DISTRICT OF PHILADELPHIA

- I am aware of the risk of exposure to COVID-19 of my child and others regardless of whether my child participates in hybrid or 100% digital learning, and understand that failure to consent to the testing described above, revocation of that consent, or failure to comply with the above rules and School District of Philadelphia Health and Safety protocols may result in steps being taken to protect the health and safety of my child as well as other students and staff, including but not limited to my child's remaining in or returning to 100% digital learning.
- I understand that testing will be provided for my child at no cost to me or my family.
- I understand that I may sign and date this form and return it to the School District of Philadelphia, or that I may submit this consent form electronically, and that by typing my name and date, I am intending that the electronic submission of this form constitutes and is the equivalent of my personal signature.

Date: _____ **Parent/Guardian Signature:** _____