

COVID-19 TESTING CONSENT FORM FOR STUDENTS

St. Joseph School- Cockeysville			
Parent/Guardian Information (Complete if Student is a minor)			
Parent/Guardian Print Name:			
Parent/Guardian Tel./Mobile #:		Email address:	
Preferred method of contact:			
Student Information			
Student Print Name:			
Student SS # (last 4 digits only)			
Student Address:			
City:		County:	
Zip Code:		Date of Birth:	

ST. JOSEPH SCHOOL is seeking your consent to test your child for SARS-CoV-2, the virus that causes the novel coronavirus COVID-19. The School is partnering with the Maryland Department of Health (MDH) for a Program to provide onsite testing of students, teachers, staff, and volunteers at the School. This COVID-19 testing program is voluntary and meant to provide a convenient and prompt means to have your child tested for COVID-19 should your child meet the following **Testing Criteria**:

- (1) Exhibits one or more symptoms of COVID-19,
- (2) Comes in close contact with a student, teacher, staff member, or volunteer with COVID-19 or exhibiting symptoms of COVID-19, OR
- (3) Is selected as part of periodic or widespread surveillance testing on the School campus.

This Program is entirely voluntary and your child's education will in no way be affected by your decision of whether or not to participate in this program. You are not required to consent to testing or the release of information, but if you do not consent, the School will be unable to perform COVID-19 testing for your child.

When will testing occur? If you consent, your child will be tested if and when he/she meets the **Testing Criteria** described above. Your child may be tested multiple times if he/she meets the criteria on multiple occasions. Testing is expected to continue for so long as MDH continues to provide testing supplies to the School as part of this Program.

How will the testing be conducted? If you consent, your child will receive free diagnostic testing for the COVID-19 virus from the School nurse. Test specimens will be collected through a process that involves inserting a swab, similar to a Q-tip, into the nose. The specimens will be tested using one type of COVID-19 tests: (1) a Rapid Antigen Test (BinaxNOW COVID-19 Ag Card). This tests is designed to detect if your child currently has SARS-CoV-2, the virus that causes the disease known as COVID-19. The results of this test will not tell you if your child had the virus in the past or has immunity from getting the virus in the future. For more information, please read the attached Patient Fact Sheets on the Abbott BinaxNow test.

When will test results be available? The Rapid Antigen Test does not require a clinical lab analysis and results will be available within approximately 15 minutes after the test is performed. The School will provide a copy of the Rapid Antigen Test results directly to you.

You should seek **emergency care immediately** if your child shows any of the following symptoms: trouble breathing, persistent pain or pressure in chest, new confusion, inability to wake or stay awake, bluish lips or face. This list is not exhaustive; you should call your child’s doctor immediately about any other symptoms that are severe or concerning to you.

What should I do when I receive my child’s results? If your child’s test results are positive, please contact your child’s doctor immediately to review the results and discuss what you should do next. You should keep your child at home and keep the School informed. As further outlined in the attached Fact Sheets for Patients, negative results mean that the virus was not detected in your child’s specimens. It is possible for the tests to produce incorrect negative results (called a “false negative”) in some people who have COVID-19. If your child tests negative but has symptoms of COVID-19 or you have concerns about your child’s exposure to COVID-19, you should call your child’s doctor.

RELEASE OF INFORMATION

Information to be Released by School: By consenting to COVID-19 testing for your child, you authorize the School to release information and test results on your child to MDH for the purposes of performing COVID-19 public health surveillance purposes. The School may also be required by law to release test results on your child to federal, state, or local government authorities for public health surveillance and contact tracing purposes. Finally, the School may release information on your child’s test results to school administrators and other officials within the Archdiocese of Baltimore charged with overseeing its COVID-19 monitoring program.

Information to be Released by MDH: By signing below, you authorize MDH to share your child’s COVID-19 test results with the School, the health care provider who ordered the test, and certain federal, state, or local government agencies as required by law.

How long is this consent valid? This consent form is valid through the end of the 2022-2023 school year, unless I provide written notice to the contact person designated below that I wish to revoke my consent.

Can I revoke this consent? You have the right to revoke this consent form at any time by delivering a written notice to the School Principal or designated School Administrator. Your revocation will be effective upon receipt but will not affect any testing or release of information that occurs prior to receipt.

By signing below, I agree that:

- I have read and understand the information in this consent form and related documents and the School has answered any questions I have about the COVID-19 testing offered through this Program.
- I voluntarily agree to COVID-19 testing for my child, and I am legally authorized to make decisions for the child named above.
- I understand that If I am a student age 18 or older, or 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 my child may be tested multiple times during the school year if my child meets the **Testing Criteria** on multiple occasions.
- I acknowledge that a positive test result is an indication that my child must self-isolate and wear a mask, and that I am responsible for contacting my child’s doctor to seek medical advice, care, and treatment.
- I understand that my child’s test results and related information will be shared as described in the Release of Information Section of this form.

Parent/Guardian Signature (if student under the age of 18): _____

Student Signature (if student age 18 or older): _____

Printed Name: _____ **Date:** _____