

SAN FELIPE DEL RIO

Consolidated Independent School District



P.O. DRAWER 428002

DEL RIO, TEXAS 78842

STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING ON CAMPUS

Dear Parent/Guardian,

The San Felipe Del Rio Consolidated Independent School District (SFDR CISD) takes the health and safety of our students and their families very seriously. As such, in addition to the steps we are presently taking to screen for COVID-19, SFDR CISD will be participating in a state-wide voluntary K-12 COVID-19 testing program for students. The goal of this effort is to prevent the COVID-19 virus from spreading to others on campus.

What is a COVID Rapid Test?

If your son/daughter is part of a group that is designated for testing, your child is eligible to receive a free COVID antigen screening test using the BinaxNOW Rapid test by Abbott Laboratories. This test, also known as a rapid antigen test, identifies the COVID-19 virus by detecting the proteins from the virus.

The COVID Rapid Tests is a screening tool which can help schools quickly respond to cases. It identifies the likelihood that a person may have an active COVID-19 infection. It is not intended to replace the COVID PCR test.

If you provide consent, then a specimen will be collected. Testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. A school nurse or trained administrator will collect the specimen and read the results. Test results will be made available to the parent/guardian who provides authorization on the attached form. The results will be sent by text message and emailed within 24 hours of the test. Please note that this program is entirely optional for students, although we hope you choose to have the test to identify any potential risk of COVID-19, and keep our schools as healthy & safe as possible.

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

If your son/daughter tests ***positive*** for the virus, we ask that you contact your child's doctor or licensed health care provider for further evaluation and care. He/she and everyone living in his/her immediate household must remain at home under quarantine until he/she is released by the Val Verde County Health Authority.

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. However, if your child tests ***negative, but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19***, your son/daughter may be required to quarantine by the Val Verde County Health Authority. You should call your child's doctor or licensed health care provider for further evaluation.

If you have any questions or concerns, please call the Health Services Department at (830) 778-4108.

Sincerely,

Melissa Padilla-Limon BSN-RN
SFDR CISD Health Services Coordinator
K-12 COVID-19 Project Testing Coordinator

EQUAL OPPORTUNITY EMPLOYER

Telephone: (830) 778-4001

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 the school system to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my child or me (if 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.
- C. 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.
- D. 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:	