

Consent and Administration Record -- Sheboygan Area School District

COVID-19 SCHOOL-BASED TESTING CONSENT FOR 2021/2022

The Wisconsin Department of Health Services (DHS) is offering convenient school-based testing for teachers, staff, students, and their families for the 2021-2022 school year. This testing program is intended to help K-12 public schools provide safe and healthy learning environments by connecting them with appropriate program vendors to meet their testing needs. The Sheboygan Area School District has been paired with Thermo Fischer Scientific to provide testing services.

The Sheboygan Area School District is using this form to receive your consent to test your child for COVID-19 and to share collected data with relevant authorities.

What is the test?

With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.

When will we test?

(1) Diagnostic Testing

- Performed when there is reason to believe a student may have COVID-19, such as having symptoms or having been recently exposed to the disease.
- Testing: symptomatic students. Asymptomatic students who had close contact with someone diagnosed with COVID-19.
- When to test: exhibit symptoms, such as a fever of 100.4 or higher, cough, difficulty breathing or other COVID-19 related symptoms.
- Next steps: students should be tested and sent home or for additional medical treatment.

(2) Outbreak Testing

- Two or more lab confirmed COVID-19 cases in the same school. Multiple cases with onset dates within 14 days of each other are considered a school outbreak.
- Testing: all consenting students and staff.
- When to test: once a school outbreak is confirmed, testing should happen as quickly as possible.
- Next steps: if anyone tests positive then those individuals must isolate until 10 days have passed since symptoms first appeared, they have been free of fever for 24 hours, and other symptoms improving. Students and staff may continue in-person school attendance if they test negative, are not a close contact of someone who tested positive, and do not have symptoms of COVID-19.

(3) Optional Event Testing

- Testing prior to a school based event, as determined by the district.
- Testing: all attendees of the event.
- When to test: testing can be completed two or three days ahead of the event.
- Next steps: if someone tests positive in pre-event testing, they should not attend.

How will I find out about the results of the test?

If your child has a specimen collected for testing at school, you will be notified of the test result or informed of how the test result will be received (for example: by phone, text, or email). The District shall retain any and all COVID testing results per Wis. Stat. § 118.125(cm), as pupil physical health records.

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

If the test is positive, this means that the virus was detected in your child's specimen. You will hear from a trained professional (Thermo Fischer Scientific or Sheboygan County – Division of Public Health) or your child's school about this test. Depending upon the timing of the test results, you may be asked to pick up your child or be provided with information about keeping your child home. Information about following up with your health care provider and when your child can return to school will also be shared.

If your child's test results are negative, this means that the virus was not detected in your child's specimen at this time. You will be asked to follow the instructions provided by your child's school following this test result.

CONTACT INFORMATION – Completed by parent/guardian or student (if 18 years of age or older) – Please Print				
Student Last Name:		Student First Name:		MI:
Street Address:			City:	State: WI
Date of Birth (MM/DD/YYYY):		Age:	Student ID Number:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to Answer				
Race: (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other _____ <input type="checkbox"/> Multi-race			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to Answer	
Parent / Legal Guardian Last Name:		Parent / Legal Guardian First Name:		Phone Number:

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent that the school may notify my child of the test results.
- I consent for my child to be tested for COVID-19 when necessary and understand that my child may be tested multiple times.
- I consent for my child to be tested by school staff, contracted healthcare personnel, Local and Tribal Health Department staff, and/or other trained personnel as directed by the school. I understand that if my child is between the ages of 14-17, they will be asked to provide verbal consent to be tested.
- I understand that this consent form will be valid through **June 9, 2022** unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- I understand that test results may be shared with the school, county, and other local, state, and federal public health authorities as permitted by law.
- 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.

Visit the CDC's Coronavirus webpage for more information on the disease and keeping you and your family safe: www.cdc.gov/coronavirus.

SIGNATURE – Parent/guardian or student (if 18 years of age or older)

Date Signed