THE SCHOOL DISTRICT OF PHILADELPHIA

COVID-19 Student Testing Consent Form

COVID-19 Testing is one of the layers of mitigation that will maximize the safety of our students and staff during the 2021-2022 school year. Because testing will need to be performed regardless of a parent or guardian's availability at the time a test will be administered, consent for testing is required for all students. The testing will be provided for students at no cost to students or their family.

Explanation of Test

The testing method 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 testing method involves inserting a small swab, like a Q-Tip, into the front of the nose in both nostrils. Results will be available in 15 minutes. The test is administered by either a Certified School Nurse or the School District's medical professional testing partners. The type of test being used includes, but is not limited to, Abbott's BinaxNOW COVID-19 Rapid Antigen Test. Molecular tests (PCR) may be identified and utilized as necessary.

The parent/guardian listed on this consent will be notified on the day that their student was tested. All results will be communicated to the student's parent/guardian.

Testing Guidance

- **Symptomatic Testing:** As a reminder, as a 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, muscle or body aches, headache, sore throat, congestion or runny nose, fatigue, nausea or vomiting, diarrhea, new or persistent cough, new loss of taste or smell, shortness of breath or difficulty breathing

- **Test to Play/Perform (REQUIRED):** In accordance with guidance from the Philadelphia Department of Public Health (PDPH), students participating in Athletics and/or Performing Arts will be required to test 2 times weekly and/or before a competition or performance. Athletic testing will include high-contact sports only (football, volleyball, basketball, wrestling, indoor track, boys lacrosse). Performing arts testing will include band (woodwind and brass) and choir. Other sports and performing arts may be considered depending upon updated guidance. Students who are vaccinated may be able to opt out of weekly testing with proof of COVID full vaccination status. Vaccination and testing status will be monitored by the athletic directors. Those who do not consent to asymptomatic testing 2 times weekly will not be allowed to participate in sports or performing arts.

- **Test to Stay (OPTIONAL):** When community transmission is low, and local guidance suggests, the district will implement a test to stay model after the identification of a positive case. This model allows students identified as close contacts in the cohort to be tested on 3 non-consecutive days over the period of 7 days after exposure (day 2, 4, and 6). Those individuals in the cohort who remain negative will be allowed to stay in school and not have to quarantine. Parents can opt out of the "test to stay" model and allow their student to complete the full 10 day quarantine at home. Students in quarantine will be provided instructional support.

Please contact your school nurse with any questions.

TO BE COMPLETED BY PARENT/GUARDIAN

THE SCHOOL DISTRICT OF PHILADELPHIA

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:	
Student ID Number:	
School:	
Grade:	
Child's Date of Birth (MM/DD/YYYY):	

Please select the testing model you are consenting to:

- **Symptomatic Testing** - provided onsite in schools by School Nurse or Testing Vendor
- **Test to Play/Perform** - REQUIRED for participation in Athletics and Performing Arts
- **Test to Stay** - In times of low community transmission, this model reduces the need to quarantine.

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 through the testing models checked off above, consent to test results being shared with me at the phone number and/or email address provided above, and also and agree to the following:

- I am signing this form freely and voluntarily and I am the parent or legal guardian of and am authorized to make decisions for the child named above.
- I understand that my student'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 in accordance with communicable disease reporting.
- I understand that my student's test results will be shared with the student's athletic director, coach, performing arts instructor, or other school official necessary to monitor compliance with the testing requirements.
- I understand that the School District of Philadelphia, school nurse, and/or testing partner 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.

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