

# FORT SMITH

## PUBLIC SCHOOLS

### STUDENT SERVICES

#### Consent for COVID-19 Testing

**What is this form?**

Fort Smith Public Schools is seeking your consent to test your child for COVID-19. The Arkansas Department of Education and Arkansas Department of Health have identified schools within the state to provide testing at school. Northside High School is currently the chosen campus within the district.

**When would my child be tested?**

Students who display one of more of the COVID-19 symptoms (fever, cough, difficulty breathing, headache, body aches, fatigue, or loss of smell/taste) are eligible to receive a COVID-19 test on campus.

**What is the test?**

**If you consent**, your child can receive a free diagnostic rapid test to detect the SARS-CoV-2, also known as the COVID-19 virus. The BD Veritor is the rapid testing machine that will be used. The test involves inserting a small cotton swab, similar to a Q-Tip, into the nose to collect a nasal mucus specimen. The swab is then inserted into a tube of liquid reagent for 15 seconds and applied to a test strip. After 15 minutes, the test strip is inserted into the BD Veritor machine to determine positive or negative results.

**What should I do with the results?**

**Positive Results**-If your child’s test results are positive for COVID-19, they will be sent home to isolate for approximately 10 days. Please consult your child’s physician to discuss any questions or concerns you may have.

**Negative Results**- Tests occasionally produce false-negative results in individuals with COVID-19. Therefore, if your child’s results are negative, they will be instructed to seek PCR (nasal swab sendoff) testing through their physician’s office, an area testing center, or the Sebastian County Health Unit. The student will be sent home as well, due to illness symptoms, and must be symptom free 48 hours before returning to campus. Consult your child’s physician for any concerns you may have. The Sebastian County Health Unit is located at 3112 S. 70<sup>th</sup> Street (479) 452-8600

#### PARENT OR GUARDIAN TO COMPLETE THIS SECTION

#### Parent/Guardian Information

Parent/Guardian Printed Name:	
Parent/Guardian Address:	
Parent/Guardian Contact Number(s):	
Parent/Guardian email address:	

#### Student Information

Student Printed Name:	
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Student School ID number:		Student Date of Birth:	
<b>NOTICE OF INFORMATION SHARING</b>			
The information received from testing will be shared with the Arkansas Department of Health and the Arkansas Department of Education for public health purposes in accordance with the applicable privacy laws. Information shared may include your child's name, date of birth, school name, contact information, and the COVID-19 test results.			
<b>CONSENT FOR TESTING</b>			
<p>By signing below, I attest that:</p> <ul style="list-style-type: none"> <li>• I am legally authorized to make decisions for the student named above</li> <li>• I have voluntarily signed this consent form</li> <li>• I consent to having my child tested for the COVID-19 virus</li> <li>• I understand my child may be tested only if one or more COVID-19 symptoms are present</li> <li>• I understand that my child's test results and other information may be disclosed to the Arkansas Department of Health and/or Arkansas Department of Education</li> <li>• I understand that this consent form is valid until June 30, 2021 unless I notify the school district <b><u>in writing</u></b> that I revoke consent</li> <li>• 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.</li> </ul>			
Signature of Parent/Guardian (if child is under the age of 18)		Date:	
Signature of Student (if over 18 years of age or authorized to consent)		Date:	

