



HOUSTON INDEPENDENT SCHOOL DISTRICT Student Consent Form For COVID-19 Testing

The Houston Independent School District takes the health and safety of our students and their families very seriously. As such, in addition to steps to screen for the virus and prevent its spread on a campus, we are adding a voluntary K-12 COVID-19 testing program for students. This program uses Abbott Laboratories BinaxNOW tests provided by the federal government. We will only test with your consent. If you are willing to provide consent for us to administer this test on your child or yourself (if student age 18 or older), please fill out this form.

What is this test?

If your child is symptomatic or part of a group that is designated for testing, if you consent, your child will receive a free BinaxNOW rapid test for the COVID-19 virus. Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. A school staff member who has been trained to use this swab will collect the specimen and a trained COVID-19 test administrator will oversee the process. Test results will be made available to the parent/guardian who signs this form below. The results will be sent by text message and emailed within 24 hours of the test. This test is **entirely optional** for students. The tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

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

If your child or you (if student age 18 or older) tests positive for the virus, your child will be moved to a room away from other students and staff until you can pick him/her up. We ask that you keep your child home until the infection period has ended (typically, after symptoms improve and at least 10 days from the date symptoms first appear) and your child is no longer contagious. **If your child's test results are negative, the virus was not found in the specimen tested. In a small number of cases, tests sometimes produce incorrect results – showing negative results (“false negative”) in people who have COVID-19 or showing positive results (“false positive”) in people who do not have COVID-19. If your child tests negative but has symptoms of COVID-19, your child will be required to quarantine at home for 10 days and return on day 11. Your child may return early if you have a written physician's statement providing a return to school date and/or a non-COVID-19 diagnosis. The school nurse can provide another test upon return for admission.**

Known Symptoms:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

This list does not include all possible symptoms.

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 <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Gender:	<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 authorize my test results to be disclosed to the Houston Independent School District, The Texas Education Agency, the county, city or state health department, or to any other governmental entity as may be required by law.
- C. 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.
- D. 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.
- E. 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:	

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