



Randolph School District COVID Testing: Opt in / Opt Out

With COVID and its variants still circulating, Randolph School District understands that having a sick child brings on multiple challenges for parents and their family. With that awareness, we would like to help break down some of those obstacles by offering students and staff members the ability and convenience to be tested for COVID at school.

RSD will have rapid COVID-19 testing available, which is most accurate if symptoms are present, for those who choose to be tested. If you would like this as an option for your family, **written consent must be obtained before testing can occur**. An example on how this may look: School personnel will call a parent or guardian to make them aware that their child is not feeling well, needs to get picked up from school and will ask if they would like their child tested. Again, written consent must be on file for each student before testing can occur.

Please indicate below if you would like COVID-19 testing to occur at school for your child:

- **Yes**, I am interested in utilizing Randolph School District rapid COVID-19 testing. Please complete the attached written consent form and return to your child's teacher or office.
- **No**, I do not want my child tested at school and will find an alternative testing site if deemed necessary or contact my medical provider for their guidance.

If you have any questions, you may contact the District School Nurse at 920-326-2431.

Student Name

Parent / Guardian Signature

Date



Consent and Administration Record – RANDOLPH SCHOOL DISTRICT COVID-19 SCHOOL-BASED TESTING CONSENT FOR 2021-2022

Randolph 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. The attached documents provide more information about the types of tests that may be used. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.

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).

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 your child’s school or a trained professional about this test. You will be asked to pick up your child and you will be provided information about keeping your child home, following up with your health care provider, and when your child can return to school.

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

CONTACT INFORMATION – Completed by parent/guardian or student (if 18 years of age or older) – Please Print Legibly				
Student Last Name:		Student First Name:		MI:
Street Address:			City:	State: WI
Zip:	Date of Birth (MM/DD/YYYY):	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	County:
Race: (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> African American or Black <input type="checkbox"/> Prefer not to Answer			<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other _____	
			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:

to follow the instructions provided by your child’s school following this test result.

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 the 2021-2022 school year, 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