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STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING

The Sitka School District (SSD) takes the health and safety of our students and their families very seriously. In addition to layered mitigation steps at each school to prevent the spread of COVID-19 on campus, SSD is adding a voluntary K-12 COVID-19 testing program for students at each school. This program uses Abbott Laboratories BinaxNOW test. We will only test with parental consent.

If you are willing to provide consent for testing your student, please fill out this form.

Student's Full Name: _____ Date of Birth: _____ Grade: _____

By signing below, I, _____, attest that:

- A. I authorize the Sitka School District to conduct a Abbott Laboratories COVID-19 BinaxNOW antigen rapid test and understand that the testing will require the collection of an appropriate sample using a nasal swab.
- B. I acknowledge that a positive test result requires the person who has been tested to self-isolate and wear a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand Sitka School District is not acting as my child's medical provider or giving a medical diagnosis and that testing does not replace treatment by my child's medical provider. I am responsible for taking appropriate action with regard to test results. I will seek medical advice, care, and treatment from a provider if I have questions or concerns, or if their condition worsens.
- D. I understand that BinaxNOW is not a PCR test and the antigen testing offered by Sitka School District has not received full FDA approval, is instead being administered pursuant to emergency use authorization, and that the results could include false negatives or false positives.
- E. I authorize Sitka School District to disclose my test results and associated information as permitted by law, including to appropriate state and local authorities including the State of Alaska Department of Health and Social Services or other governmental and regulatory agencies and understand that disclosure of test results may result in further direct communication from those entities for follow-up such as contact tracing.

In consideration for the opportunity to participate in COVID-19 testing provided by Sitka School District I release, waive, covenant not to sue, and agree to hold harmless Sitka School District and its employees and agents from any and all claims, demands, injuries, damages, court costs and attorney's fees and expenses that may be sustained by the above named student participating in testing.

I have been informed about the test purpose, procedures, possible benefits and risks and have received a copy of this Informed Consent. I have been given the opportunity to ask questions and have been told that I can ask additional questions at any time. I voluntarily agree to this antigen testing for COVID-19.

Parent/Guardian (print name): _____ Phone: _____ Email: _____

Signature

Date

What is the test?

If your child is symptomatic or part of a group that is designed 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 test will collect the specimen and a trained COVID-19 test administrator will oversee the process. **Parents will be notified immediately using the phone number provided on the consent form if their student tests positive on a BinaxNOW rapid test.** Parents **will not** be notified of negative test results unless requested. This program is **entirely optional** for students, although we hope you choose to have the test to keep our schools as healthy and safe as possible. The tests are being offered in addition to existing safety protocols such as mask-wearing, physical 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 your student isolate as much as possible, and should obtain a PCR test. These tests are available in Sitka through SEARHC (COVID hotline 907-966-8799). You should 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 and your child may continue to attend school without interruption. In a small number of cases, tests sometimes produce incorrect results – showing negative results (called “false negatives”) in people who have COVID-19 or showing positive results (called “false positives”) in people who don't have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child's exposure to COVID-19, you should call your child's doctor, a licensed medical authority, or your local health department. Students who test positive for COVID-19 on a PCR test should isolate for at least 10 days. The total length of quarantine will be determined by Public Health.

Testing Schedule

Weekly optional testing will take place in the morning at each school based on the building testing schedule. Please contact your school for the exact time and location of testing.

Monday: Sitka High School

Tuesday: Blatchley Middle School

Wednesday: Baranof Elementary School

Thursday: Keet Gooshi Heen Elementary School

Friday: Pacific High School