



**Greater Lowell Technical High School
2022-2023 Opt-in form for students participating
in the At-home Antigen Test Program**



Both vaccinated and unvaccinated individuals are strongly encouraged to opt-in.

Parent/Guardian Information	
Parent/Guardian Print Name:	
Parent/Guardian Email Address:	
Student Information	
Student Print Name:	
Student's Grade Level:	
Student's School Name:	Greater Lowell Technical High School
Opt-in	<div style="display: flex; flex-direction: column; gap: 10px;"><div><input type="checkbox"/> Yes, I opt-in my student to participate in the at home antigen test program (please read and sign form below)</div><div><input type="checkbox"/> No, I do not opt-in my student to participate in the at-home antigen test program (No further action needed)</div></div>

Opt-In Stipulations: By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to opt into the at-home antigen testing program:

- Opt-in: I understand that my school district will provide the at-home antigen tests to only those students and staff, vaccinated or unvaccinated, who opt-in.
- Training: I understand that my school district will provide the prerequisite at-home antigen test administration training materials, including instructions on when tests should be taken, to me. I agree to take this training prior to administering the test on my child.
- Test distribution: I understand that at-home tests will be given to my student to take **before the following holidays/vacations; Thanksgiving, Winter vacation, February vacation, and April vacation.** I understand that each test kit contains two individual tests, and I will administer the test on my student **prior to returning to school on Monday after each vacation.** Reporting test results: I understand that if my student tests positive, I will report the positive test result to one of the school nurses by phone or email, as well as to my healthcare professional. I understand the school will keep any reported test results confidential and individual results will not be made public.
- Voluntary participation: I understand that opting into the at-home antigen test program is optional and that I can choose not to participate at any time. To cancel this opt-in for the at-home antigen testing program, I need to contact one of the school nurses:

Christine Baker	cbaker@gltech.org	(978) 441-5300 ext. 4433
Donna Di Giovanni	ddigiovanni@gltech.org	(978) 441-5300 ext. 4411
Lisa Geoffroy	lgeoffroy@gltech.org	(978) 441-5300 ext. 4422
Jennifer Knowlton	jknowlton@gltech.org	(978) 441-5300 ext. 4455

I, the undersigned, have been informed about the at-home antigen test program, procedures, and have been given the opportunity to ask questions before I sign. I have been told that I can ask additional questions at any time. I voluntarily opt-in to this program for my student:

Signature of parent/guardian: _____ **Date:** _____