

GREATER LOWELL TECHNICAL HIGH SCHOOL

Symptomatic COVID-19 Testing Consent Form

Beginning the Summer of 2022 and throughout the 2022-2023 school year, Greater Lowell Technical High School has opted to continue symptomatic rapid COVID-19 testing for all students. Participation remains voluntary and requires a NEW consent form to be filled out for school purposes only. As a reminder, we continue to encourage students to stay home when sick.

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____

Student Name: _____ Grade: _____

Date of Birth: _____

Address: _____

Yes, I provide consent for my student to participate in symptomatic covid-19 rapid testing (*please read and sign form below*)

No, I do not provide consent for my student to participate in symptomatic covid-19 rapid testing (*no further action needed*)

CONSENT

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

- A. I authorize collection and testing of a sample from my student for covid-19 at school for an individual symptomatic rapid test. By signing this form, I am consenting to *testing on symptomatic individuals: for when individuals present symptoms while at school*, for my student. I understand that GLTHS will be utilizing rapid antigen test kits. I understand that all sample types will be non-invasive, short nasal swabs.
- B. I understand that my student may choose to perform the nasal swab under direct supervision of the school nurse.
- C. I understand that I will be notified about the results of any individual test for covid-19 performed on my student.

- D. I understand that there is the potential for a false positive or false negative Covid-19 test result, no matter the kind of testing being performed. Given the potential for a false negative, I understand that my student should continue to follow all covid-19 safety guidance, and follow school protocols for isolating and testing in the event the student develops symptoms of covid-19
- E. I understand that staff administering all covid-19 testing have received training on safe and proper test administration. I agree that neither the test administrator nor GLTHS, nor any trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the covid-19 testing program.
- F. I understand that my student **must** stay home if feeling unwell. I acknowledge that a positive **individual** test result is an indication that my student must follow current guidelines for isolation/quarantine.
- G. I understand that GLTHS is not acting as my student's medical provider, this testing does not replace treatment by my student's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my student's test results. I agree I will seek medical advice, care and treatment from my student's medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care my student receives from their healthcare provider.
- H. I understand that covid-19 testing may create protected health information (PHI) and other personally identifiable information of the student, and such information will only be accessed, used, and disclosed in accordance with HIPAA and applicable law.
- I. I understand that authorizing these Covid-19 tests for my student is optional and that I can refuse to give this authorization, in which case, my student will not be tested.
- J. I understand that I can change my mind and cancel this authorization at any time, but that such cancellation is forward-looking only, and will not affect information previously released. To cancel this authorization for covid-19 testing I need to contact the school nurse at (978) 441-4433 or (978) 441-4411

I, the undersigned, have been informed about the covid-19 test purpose, procedures, and 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 for my student

Signature of Parent/Guardian: _____

Date: _____