**(school header)**

**COVID-19 Rapid Test**

**Staff Consent Form: School Year 2020-2021**

[SCHOOL NAME] seeks to maintain a safe environment for employees, students, their families, and the community. This consent form provides [SCHOOL NAME] or its designee with your permission to perform a COVID-19 screening test for you at the school or its designated site.

By signing below, you are indicating that you voluntarily consent to this screening procedure for the detection of COVID-19 for you once you are assessed for symptoms and the test is deemed appropriate by the school nurse.

**COVID-19 Test Information Statement**

The test is being administered by the school nurse. The test involves a nasal swab. The specimen collected for a rapid test (Abbott BinaxNOW) gives results in approximately 15-20 minutes. The school or its designee will communicate the results to you and will share instructions on next steps. The test results will be shared with the Maine CDC for public health reporting.

**Section 1: Information(please print)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STAFF PERSON’S NAME** (Last) | | (First) | (M.I.) | **DATE OF BIRTH**  **month\_\_\_\_\_\_\_\_\_ day\_\_\_\_\_\_\_\_ year \_\_\_\_\_\_**  **\_\_\_\_** | |
| **EMERGENCY CONTACT NAME** (Last) | | (First) | (M.I.) | **School Name** | **Position** |
| **HOME ADDRESS** | | | | **STAFF PERSON PHONE NUMBER:** | |
| **CITY** | **STATE** | **ZIP** | |

**Section 2: Consent**

**CONSENT FOR STAFF COVID-19 TEST:**

I have read or had explained to me the **COVID-19 Testing Information Statement,** above**,** and have had the opportunity to seek answers to my questions about the risks and benefits of this test.

⁭ **I CONSENT** to receiving the COVID-19 Test by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(school nurse). (If this consent form is not signed, then you will not receive the test.)

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

Signature of Staff Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_