Greetings,

One of the best ways to prevent the spread of COVID-19 is through testing. That is why we are planning to make testing of students quick and easy, should it be needed.

If we are notified of active cases affecting our school community and the Maine CDC recommends that we test students, we will work with the school nurse to provide COVID-19 testing on our school grounds or in a designated location in our community. We are asking parents/guardians to give us permission to test their student so that we are prepared if and when testing might be needed. This will allow us to respond quickly and provide tests for students with symptoms of COVID-19.

Additionally, our school has opted into a State of Maine program that will allow us to get and use Abbott BinaxNOW Ag Tests. This test provides results in 15 minutes. The BinaxNOW test can be used for early detection of COVID-19 in students, staff and teachers. We will only use this test for students/staff who develop some of the following signs and symptoms during the school day:

|  |  |
| --- | --- |
| * fever or chills
 | * new loss of taste or smell
 |
| * cough
 | * sore throat
 |
| * shortness of breath or difficulty breathing
 | * congestion or runny nose
 |
| * fatigue
 | * nausea or vomiting
 |
| * muscle or body aches
 | * diarrhea
 |
| * headache
 |  |

Students over the age of 12 may have the capacity to self-swab with supervision, while school nurses will collect the specimens for children under the age of 12. We are asking parents/guardians to give us permission to test their child should they develop any of the above symptoms during the school day.

**Please read and complete the enclosed/attached form. Return the completed form**

 **To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(school nurse or other personnel) via \_\_\_\_\_\_\_\_\_ method (paper, Power School) by \_\_\_\_\_\_\_\_\_ (date).**

1. **Parent/Guardian Consent form (attached):**
This allows the school nurse conducting the test to gently swab the nostrils (½ to ¾ ) of your child if symptoms are present as directed by the Maine CDC.

**This permission form will** stay in your child’s health file (for one year) and only be used if testing is needed.

In the event testing needs to take place at school:

* There will be no charge to families for testing.
* The school nurse will be in communication with the parent/guardian of anyone tested and results will be shared with the parent/guardian. If a student is negative, the parent/guardian will receive an email/phone call with results. If a student is positive, the parent/guardian will receive an email/phone call from the school and the results will be shared with the student’s primary care physician for follow up.
* Students who do not have completed forms on file cannot be tested at school, which may affect their ability to attend school and other school-related activities.
* Parents/guardians that opt out of school testing will need to arrange testing through their primary care provider or other testing site if directed to do so by the Maine CDC.
* School staff will be in communication about other related issues such as whether students should to continue to come to school, or isolate/quarantine expectations, etc.

Thank you so much for your help in completing and returning this form. By doing so, you are making sure that testing for your student is not delayed. If you have questions, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(school nurse) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone number).

Here’s to a healthy school year!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)