**(school header)**

**Maine Pre-K to 12 School COVID-19 Test**

**Parent/Guardian 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 your child 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 your child with symptoms.

**COVID-19 Test Information Statement**

The test 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 of your child’s test to you as well as instructions on next steps. The test results will be shared with the Maine CDC for public health reporting.

 **Section 1: Information about Your Child (please print)**

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT’S NAME** (Last) | (First) | (M.I.) | **STUDENT’S DATE OF BIRTH** **month\_\_\_\_\_\_\_\_\_ day\_\_\_\_\_\_\_\_ year \_\_\_\_\_\_****\_\_\_\_**  |
| **PARENT/LEGAL GUARDIAN’S NAME** (Last) | (First) | (M.I.) | **School Name** | **Grade & Teacher** |
| **ADDRESS** | **PARENT/GUARDIAN DAYTIME PHONE NUMBER:** |
| **CITY** | **STATE** | **ZIP** |

**Section 2: Consent**

**CONSENT FOR CHILD’S 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 my child receiving the COVID-19 Test by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(school nurse). (If this consent form is not signed, then you child will not receive the test.)

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Signature of Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: month\_\_\_\_\_\_day\_\_\_\_\_\_year\_\_\_\_\_\_\_\_\_\_\_