

Student Consent Form for Covid-19 Testing

The Renaissance Academy Charter School takes the health and safety of our students and their families very seriously. As such, in addition to steps to screen for the virus and prevent its spread on campus, we are adding a voluntary K 12 COVID-19 testing program for students. This program uses two tests: Abbott Laboratories' BinaxNOW Ag Card and Cue COVID-19 test which are both rapid, point of care tests and have been provided by the federal government. The purpose of the program is to (a) provide quick testing for individuals who become symptomatic while on campus, to include being on the bus, or during school related activities, and (b) achieve viral reduction by conducting surveillance of individuals on a regular, routine basis. Both tests are being offered in addition to existing COVID-19 health and safety measures. While this program is optional, participation helps our school stay as healthy and safe as possible. This form provides consent for the tests to be administered on your child. The tests will only be administered with your consent.

How is the test performed?

If your child is symptomatic, or part of a group that is designated for testing, your child will receive a free BinaxNOW antigen rapid test for the COVID-19 virus. Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. A school staff member, who has been trained to use this test, will collect the specimen while a trained COVID-19 test administrator will oversee the process. Depending upon the results of the antigen test, a follow-up confirmatory diagnostic test may be conducted using the Cue COVID-19 test. The Cue COVID-19 test also uses a nasal swab. Test results will be made available to the parent/guardian who provides consent by text message or email within 24 hours of the test.

Both tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces. This program is optional for students, although we hope you choose to have the test to keep our schools as healthy and safe as possible.

What should I do when I receive my child's test results?

If your child's test result is positive it means the virus was found in the specimen tested. Your child will be required to leave school and isolate at home per the current requirements. If your child's test results is negative it means the virus was not found in the specimen tested. If your child is displaying COVID-19 symptoms, or is a close contact of someone with COVID-19, your child will be required to leave school and quarantine at home per the current requirements. In this instance, a follow up PCR test is necessary within 48 hours. In a small number of cases, tests sometimes produce incorrect results – showing negative results (called “false negatives”) in people who have COVID-19 or showing positive results (called “false positives”) in people who do not have COVID-19. Should you have further questions about test results, contact your doctor, a licensed medical authority, or your local health department.

Disclaimer

While precautions will be taken for the safety of students, please understand that neither the test administrator nor the school/school district, nor any of its directors, officers, employees, or organization sponsors are liable for any accident or injuries that may occur as a result of agreeing to the test



Renaissance Academy

413 Fairview Street, Phoenixville, PA 19460
Phone: 610-983-4080 Fax: 610-983-4096

Student/Child Consent Form for Covid-19 Testing

Parent/Guardian Information	
Parent/Guardian Full Name: <i>Please print</i>	
Cell/Mobile Phone: <i>Results will be sent to this #</i>	
Email Address: <i>Results will be sent to this</i>	

Student/Child Information			
Student/Child Name: <i>Please print</i>			
Street Address:		City:	State:
Zip Code:	19460	County:	
School:	Renaissance Academy	Grade Level:	
Date of Birth (MM/DD/YYYY):		Age:	
Race/Ethnicity:		Gender:	

Consent	
<p>By signing below, I give consent to the following:</p> <p>A. I authorize my child's school to conduct collection and testing of my child for COVID-19 by nasal swab. B. I acknowledge that a positive test result is an indication that my child must isolate at home per the current requirements.</p> <p>C. I acknowledge that a negative test result may result in my child being required to quarantine at home per the current requirements.</p> <p>D. I understand my child's school is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens.</p> <p>E. I understand my child's test results will be sent to the Chester County Health Department and the Pennsylvania Department of Health, as required by law.</p> <p>F. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.</p> <p>I, the undersigned, have been informed about the test purpose; procedures, 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.</p>	
Signature of Parent/Guardian:	Date: