

Consent and Administration Record - Stoughton Area School District COVID-19 SCHOOL-BASED TESTING CONSENT

Stoughton Area School District is using this form to receive your consent to be tested COVID-19 and to share collected data with relevant authorities.

What is the test?

With your consent, you will receive a free diagnostic test for the virus that causes COVID-19. The attached document provides more information about the tests that will be used, the Exact Sciences Laboratories SARS-CoV-2 (N gene detection) Test. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils. 0

How will I find out about the results of the test?

You will be notified of the test result or informed of how the test result will be received.

What should I do when I receive my test results?

If the test is positive, this means that the virus was detected in your specimen, and it is very likely that you have COVID-19. There is a very small chance that this test can give a positive result that is wrong (a false positive). You will hear from a trained professional about this test result. You will be asked to leave school and will be provided information about isolating at home, following up with your health care provider, and when you can return to school.

If your test results are negative, this means that the virus was not detected in your specimen at this time. It is possible for this test to give a negative result that is incorrect in some people with COVID-19 (a false negative). This means you could possibly still have COVID-19 even though the test is negative. You will be asked to follow the instructions provided by your school following this test result.

CONTACT INFORMATION – Completed by adult (18 years of age or older) – Please Print				
Last Name:		First Name:		MI:
Street Address:		City:	State: WI	Zip:
Date of Birth (MM/DD/YYYY):	Age:	Phone Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Transgender – Male to Female <input type="checkbox"/> Transgender – Female to Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender – Unspecified or Gender Non-Specific <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other				
Race: (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other _____ <input type="checkbox"/> Multi-race			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to Answer	
Duration of Consent: ____ I give consent for myself or my child to get tested through June 30, 2022. ____ I only give consent for myself or my child to get tested a single time on _____. (Date of test)				

By signing below, I attest that:

- I have signed this form freely and voluntarily.
- I consent that the school, the district, or its agent may notify me of the test results.
- I consent to be tested for COVID-19 when deemed necessary by the district and understand that I may be tested multiple times.
- I consent to be tested by district staff, healthcare personnel contracted with OR by the district, Local and Tribal Health Department staff, and/or other trained personnel as directed by the district.
- I understand that this consent form will be valid through June 30, 2022, OR a one-time test, as indicated in the Duration of Consent box above, unless I notify the district's designated contact person in writing that I revoke my consent. The designated contact person is Laurel Gretebeck, District Nurse.

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- I understand that test results may be shared with the school, the district, the ordering physician, county, and other local, state, and federal public health authorities, as well as other testing partners as permitted by applicable law.

Additionally, by signing below, I acknowledge that I have had the opportunity to review the Exact Sciences Laboratories SARS-CoV-2 (N gene detection) Test Fact Sheet to the extent desired. The Exact Sciences Laboratories SARS-CoV-2 (N gene detection) Test Fact Sheet explains that the risks of these tests include:

- Possible discomfort or other complications that can happen during sample collection.
- Possible incorrect test result.

I acknowledge that these risks may potentially result in personal injury, illness, permanent disability, and death. In consideration for receiving the opportunity to obtain a test, I hereby acknowledge and assume the risks in receiving this test.

I certify that (i) I am aware that I have the right to have this document completely explained to me; (ii) I read this document or someone read it to me; (iii) all questions I have posed to the district regarding this document have been answered to my satisfaction; and (iv) that I completely understand this document and acknowledge and assume the risk in receiving this test.

Visit the CDC's Coronavirus webpage for more information on the disease and keeping you and your family safe: www.cdc.gov/coronavirus.

SIGNATURE – (if 18 years of age or older)

Date Signed