

**Maine Pre-K to 12 School COVID-19 Test
Parent/Guardian Consent Form: School Year 2022-2023**

Foxcroft Academy seeks to maintain a safe environment for employees, students, their families, and the community. This consent form provides Foxcroft Academy 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) _____

STUDENT'S DATE OF BIRTH

month _____ day _____ year _____

PARENT/LEGAL GUARDIAN'S NAME

(Last) _____ (First) _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PARENT/GUARDIAN DAYTIME PHONE NUMBER: _____

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 Kimberly Orff, RN (school nurse). (If this consent form is not signed, then you child will not receive the test.)

Signature of Parent/Legal Guardian _____ Date: month _____ day _____ year _____