

Kansas City Kansas Public Schools USD 500
Student COVID-19 Testing Information and Consent Form

A robust COVID-19 testing strategy supports safe, in-person learning and activities while providing another layer of protection for students, teachers and staff. Testing is part of a comprehensive strategy to quickly identify infection and prevent it from spreading in the school.

A student may only be tested for COVID-19 with documentation of consent from the student's parent or legal guardian.

Test to Know / Test to Stay / Test to Learn / Test to Play

Kansas City Kansas Public Schools COVID-19 testing is a free service to our school community. This allows a way for students to safely continue to attend school and participate in activities, thereby supporting academic success and social/emotional health.

In order for a student to continue school and KSHSAA activities through a modified, in-school quarantine *following a COVID-19 exposure*, they must (1) meet eligibility criteria, (2) the parent/guardian must consent for the student to wear a mask for the duration of the quarantine when indoors/outdoors and (3) be tested daily with a nasal swab COVID-19 test. The student will not be in close contact with other students or staff at school until a negative test result is known. This includes riding the bus to school in the morning until they are tested. Those who do not consent to participation will complete the quarantine period at home and will be unable to attend school or participate in KSHSAA activities.

Eligible students for Test to Stay / Test to Learn / Test to Play must meet all of the following criteria:

- The close contact occurred at school or during a school-related event.
- The student does not already meet criteria for quarantine exemption.
- The student is eligible for the modified in-school quarantine as deemed by the Kansas Department of Health & Environment (KDHE) and Kansas City Kansas Public Schools.

For a student/staff who has been identified as a close contact and is unvaccinated and has opted-in for the testing plan, they will report to a designated location wearing a mask in their respective building. They will be tested using a nasal swab COVID-19 Test. All test results will be uploaded to KDHE using the online platform, as well as, reported to the Unified Government Health Department. The individual will be tested each school day for the duration of their quarantine period.

- If the individual tests negative and is free of symptoms, the individual will be allowed to attend school in-person and is required to wear a mask at all times when not actively eating/drinking. They will also be allowed to participate in all indoor and outdoor KSHSAA activities but are required to wear a mask.
- If the individual tests negative and has symptoms, a PCR Test will be required. Staff/students with symptoms following exposure will only be allowed to return upon receiving a negative PCR test.
- If the individual tests positive, they will be sent home and the results will be reported to KDHE. The school will contact the parents and/or legal guardians with updated quarantine information.
- If the individual chooses not to opt-in to the testing protocol, they will not be allowed to attend in-person learning or participate in any extracurricular activities during the duration of their quarantine as directed by KDHE.

PUBLIC SCHOOLS

Kansas City Kansas Public Schools USD 500
COVID-19 Testing Consent Form

Name of Person Being Tested: _____

Student Staff DOB: _____

Parent/Guardian (if student is a minor): _____

Address: _____

Phone: (W) _____ (H) _____ (Cell) _____ OK to text? Yes No

Email address: _____

Please carefully read and sign the following informed consent for COVID-19 testing at school.

- 1) By completing this form, I consent to allow a trained school staff member to test myself/my child for COVID-19 through a nasal swab collection. COVID-19 testing may be offered to staff or students in three circumstances: (1) if staff/student develops new symptoms of COVID-19; (2) if staff/student is exposed or potentially exposed to COVID-19 in a school group and the local public health department recommends testing; or (3) screening testing. I understand that I may consent to one or more types of testing for myself/my child.
- 2) I authorize the test results to be disclosed to the school district in collaboration with the Unified Government Health Department and Kansas Department of Health and Environment (KDHE).
- 3) I acknowledge that if the test result is positive, I/my child will be required to self-isolate at home to avoid infecting others and will not attend school until the end of the quarantine period. I also agree to assist the school with identification of any close contacts which occurred within the 48 hours prior to test sample collection.
- 4) I understand that KCKPS is not acting as a medical provider, this testing does not replace treatment by a medical provider, and I will seek medical advice, care and treatment from a medical provider if I have questions or concerns.
- 5) I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result and that KCKPS will collaborate with the Unified Government Health Department for testing guidance and recommendations as needed.
- 6) I understand and agree that if the person being tested has been exposed, in order to continue to attend school and KSHSAA activities, including practices and competition, I/my child must wear a mask when indoors/outdoors and be tested daily with a nasal swab Binax Now Rapid Antigen Test until the end of quarantine period.
- 7) I, the undersigned, have read the contents of this form in its entirety and agree to the statements contained within this form. I voluntarily agree to allow myself/my child to be tested for COVID-19.

I authorize participation in COVID-19 testing at school for the duration of the _____ school year:

Signature: _____ Date: _____
(Parent/Guardian/Staff Signature or Student if over 18)

Printed Name: _____