

OREGON SCHOOL DISTRICT

CONSENT FOR COVID-19, INFLUENZA AND OTHER RESPIRATORY VIRUS SCHOOL-BASED TESTING FOR 2025-26

The Oregon School District is using this form to obtain your consent to provide a free test to your child in grades 4K-12 for COVID-19, Influenza A & B, RSV, and other respiratory pathogens and to share collected data with relevant authorities. The District shall otherwise keep this information confidential as required by law.

What is the test?

With your consent, your child will receive a free diagnostic test for SARS-CoV-2 (the virus that causes COVID-19) and Influenza A & B. We will be utilizing the same rapid diagnostic test the District has used for the past 4 years. The attached document provides more information about the types of test that will be used. Collecting a sample for testing involves inserting a small swab, similar to a cotton swab, into both nostrils. You can find more information about the SARS-CoV-2/Influenza rapid test here:

<https://www.guidelortho.com/global/en/products/sofia-platform/sofia-2-flu-sars-antigen-fia>

Who will be tested?

Students who develop respiratory symptoms while at school will be tested by a trained nurse or health paraprofessional in the school's health room. Should your child come to the health room when not feeling well, we will contact you to pick your child up from school, and then perform the test with this consent. The District may also offer other tests to students in the future in accordance with public health agencies' guidance and parental consent.

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

You will be notified of the test result by phone using the information provided below. If we are unable to reach you by phone, we may leave a voicemail and/or reach out via email.

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

If your child's test is positive for SARS-CoV-2, Influenza A or B, this means that the virus was detected in your child's specimen. You will hear from your child's school or a trained professional about this test. You will be provided information about keeping your child home, following up with your health care provider, and when your child can return to school. If your child's test results are negative, this means that the virus was not detected in your child's specimen at this time.

CONTACT INFORMATION – Completed by parent/guardian or student (if 18 years of age or older) – Please Print				
Student Last Name:		Student First Name:		MI:
Street Address:		City:	State:	Zip:
Date of Birth (MM/DD/YYYY):	Age:	Preferred Phone Number:	Preferred Email Address:	
Parent / Legal Guardian Last Name:		Parent / Legal Guardian First Name:		

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent that the school may notify my child of the test results.
- I consent for my child to be tested for COVID-19/Influenza A & B when necessary and understand that my child may be tested multiple times.
- I consent for my child to be tested by school staff, contracted healthcare personnel, and/or other trained personnel as directed by the school. I understand that if my child is between the ages of 14-17, they will be asked to provide verbal consent to be tested when possible.
- I understand that this consent form will be valid through August 31, 2026, unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- I understand that test results may be shared with the school, county, and other local, state, and federal public health authorities as permitted by law.
- I understand that coded results may be shared with University of Wisconsin research teams to evaluate the feasibility and functionality of rapid testing.
- I understand that residual (left over) coded specimens may be shared with University of Wisconsin research teams for additional respiratory testing and pathogen genomic sequencing.

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- I understand that if I am a student aged 18 or older, or may otherwise legally consent for my own health care, references to “my child” refer to me and I may sign this form on my own behalf.
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SIGNATURE – Parent/guardian or student (if 18 years of age or older)

Date Signed
