CONSENT FORM FOR COVID-19 TESTING (MOUTH SWAB)

Weaver Wellness 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 a campus, we are adding a voluntary COVID-19 testing program for RSPA's parents, students, and staff. This program uses COVID-19 PCR test (Mouth Swab) provided by the federal government. We will only test with your consent. If you are willing to provide consent for us to administer this test on your child or yourself, please fill out this form.

What is the test?

If your child is symptomatic or part of a group that is designated for testing, if you consent, your child or yourself will receive a free COVID-19 PCR test (Mouth Swab). Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the mouth. A Weaver Wellness staff member who has been trained to use this test will collect the specimen and a trained COVID-19 test administrator will oversee the process. Test results will be made available to the parent/guardian or patient who signs this form below. The results will be sent by text message and email within 1-3 days of the test. This program is **entirely optional**, although we hope you choose to have the test to keep our schools as healthy & safe as possible. The tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

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

If your child tests positive for the virus, your child will be moved to a room away from other students and staff until you can pick him/her up. We ask that your child or yourself stay home until the infection period has ended (typically, after symptoms improve and at least 10 days from the date symptoms first appear) and your child or yourself is no longer contagious. If you or your child's test results are negative, the virus was not found in the specimen tested and your child or yourself may continue to attend school/work without interruption. 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 don't have COVID-19. If you or your child tests negative but has symptoms of COVID-19, or if you have concerns about you or your child's exposure to COVID-19, you should call your child's doctor, a licensed medical authority, or your local health department.

Known Symptoms:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

This list does not include all possible symptoms.

Disclaimer:

While we realize precautions will be taken for the safety of students, staff, and their families, please understand that neither the test admnistrator (Weaver Wellness), nor Rhodes School for the Performing Arts, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child or yourself, as a result of agreeing to the test.

TO BE COMPLETED BY PARENT/GUARDIAN/PATIENT

Parent/Guardian/Patient Information

You will be notified with test results either via cell or email, or both.

Parent/Guardian/Patient Print Name:	
Parent/Guardian/Patient Cell #: *Note: results will be texted to this cell #*	
Parent/Guardian/Patient Email Address:	

Student or Patient Information

Student/Patient Print Name:					
School ID #: *(if applicable)*					
Driver's License #: *(if applicable)*					
Street Address:		**City:**		**State:**	
Zip Code:		**County:**			
School:			**Grade Level:**		
Date of Birth: *(MM/DD/YYYY)*			**Age:**		
Race/Ethnicity:	☐ Asian ☐ Hispanic ☐ Native American/Indigenous ☐ Black ☐ White ☐ Unknown		**Gender:**	☐ Male ☐ Female ☐ Other/Unknown	

CONSENT

By signing below, I attest that:

A. I authorize Weaver Wellness to conduct collection and testing of my child or myself for COVID-19 by mouth swab.
B. I acknowledge that a positive test result is an indication that my child or myself, must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
C. I understand Weaver Wellness and Rhodes School for the Performing Arts are not acting as my or my child's medical provider, this testing does not replace treatment by my or my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my or my child's test results. I agree I will seek medical advice, care and treatment from my or my child's medical provider if I have questions or concerns, or if my or my child's condition worsens.
D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

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.

Signature of Parent/Guardian:		**Date:**	
Signature of Patient: *(Nonstudent, Parent or Staff Member)*		**Date:**	