

Dear Brookesmith ISD Parents,

At Brookesmith ISD, we are committed to doing all we can to keep staff and students healthy and safe. With this goal in mind, we are pleased to share that we will be taking part in a statewide program offering rapid tests for use in schools. This program will allow Brookesmith ISD to test both symptomatic and asymptomatic individuals—including staff and students-- and reduce the risk to our school community. This notice offers further information on the tests and the testing program. If you have additional questions, you may contact the school at 325-643-3700

What COVID-19 tests are used in this program?

This program uses [BinaxNOW tests](#), which provide results in 15 minutes and are administered using a nasal swab in the front area of the nostril. These tests have been shown to be highly accurate, with accuracy rates of 97-98% for symptomatic individuals.

Who will be tested and when?

At Brookesmith ISD, we will be offering these tests to staff working on campus on a day to day basis. These tests are optional, but we encourage all staff who work on campus to participate in the testing program as needed.

How will the information from the tests be used?

If a parent has given permission for Brookesmith ISD to administer the BinaxNOW test for their child, your child's school will call you to let you know that your student is experiencing symptoms and that they will be administering a BinaxNOW test. The test administrator will also call to share the results after the test has been administered.

The results will also be shared with the school/district and with the local health department to allow for public health reporting and contact tracing and to determine the stay-at-home period for individuals who test positive. Additionally, the total number of positive tests per school will also be shared with the Texas Department of State Health Services as is required by law.

What happens next?

Tests are available to all students who are showing symptoms of COVID-19. To participate, parents must complete this form.

If your child is experiencing symptoms and you would like for him/ her to be tested, please do **NOT** send him/her to campus. Instead, you may call the school and set a time to be tested.

STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING

Brookesmith ISD 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** K-12 COVID-19 testing program for students. This program uses Abbott Laboratories BinaxNOW tests 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 (if you are a student over 18), 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 will receive a free BinaxNOW rapid test for the COVID-19 virus. Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. A school 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 who signs this form below. You will be notified by a phone call or email within 24 hours of the test. This program is **entirely optional** for students, 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 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 you keep your child 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 is no longer contagious. If your child's test results are negative, the virus was not found in the specimen tested and your child may continue to attend school 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 your child tests negative but has symptoms of COVID-19, or if you have concerns about 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, please understand that neither the test administrator nor Brookesmith ISD, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child or (if you are a student over 18), as a result of agreeing to the test.

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

Parent/Guardian Information

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

Parent/Guardian Print Name:	
Parent/Guardian Cell/Mobile #: <i>Note: results will be texted to this cell #</i>	
Parent/Guardian Email Address:	

Child/Student Information

Child/Student Print Name:			
School ID #:			
Driver's License #: <i>(if applicable)</i>			
Street Address:	City:	State:	
Zip Code:	County:		
School:		Grade Level:	
Date of Birth: <i>(MM/DD/YYYY)</i>		Age:	
Race/Ethnicity:	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Indigenous <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown

CONSENT

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing of my child or me (if student age 18 or older) for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my child or me (if student age 18 or older), must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if their 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 Student: <i>(if age 18 or over or otherwise authorized to consent)</i>		Date:	