

Student COVID-19 Test to Stay in School CONSENT FORM FOR THE 2021-22 SCHOOL YEAR

Purpose:

The purpose of this "Student COVID-19 Test to Stay in School Consent Form" is for parents or legal guardians to consent to COVID-19 testing for their children as part of the Test to Stay in School program.

Authorizations:

- I authorize and consent to Gravity Diagnostics' testing unit to administer PCR COVID-19 testing to my child for the remainder of the 2021-2022 school year at Fayette County Public Schools as part of the Test to Stay in School program.
- I understand that by signing this Consent Form, I am consenting to COVID-19 testing of my student by Gravity Diagnostics for the 2021-22 school year and that I will not be asked to provide additional consent for Gravity Diagnostics to test my student for COVID-19 during this academic year.
- I authorize and consent to this testing unit conducting collection and testing activities for COVID-19 through a nasal swab (non-invasive, less than 1 inch into the nostril) to screen my student for COVID-19.
- I authorize and consent to this testing unit sharing my student's results with my school district for the sole purposes of identifying others who may have been exposed. I understand that my student's test results will go to the health departments in my county or state, the U.S. Centers for Disease Control and Prevention (CDC), or any other governmental entity required by law.

Acknowledgements:

I voluntarily agree and consent to my student being tested by Gravity Diagnostics, LLC for COVID-19.

I assume complete and full responsibility for taking appropriate action regarding my student's test results. I acknowledge a positive test result is an indication my student must self-isolate and wear a mask or face covering as directed to avoid infecting others. I also understand that if my student tests positive at school, I am responsible for picking my student up immediately. I understand, as with any medical test, this COVID-19 test has the potential for false positive (test is positive but my student does not have the infection; or test is negative, but my student has the infection). I agree to seek medical advice, care, and treatment from my healthcare provider if I have questions or concerns, or if my student's condition worsens. I understand that Gravity Diagnostics is not acting as a healthcare provider, and this testing does not replace treatment by a healthcare provider.

I understand the test purpose, procedures, possible benefits, and possible risks, and that I can request a copy of this consent form. I can ask questions before I sign this consent form, and I understand that I can ask additional questions at any time.

Student's Name: _____ Student's Date of Birth: _____

School Name: _____

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____ Date: _____

