

**Maine Pre-K to 12 School COVID-19 Test
Parent/Guardian Consent Form: School Year 2020-2021**

Stratton School seeks to maintain a safe environment for employees, students, their families, and the community. This consent form provides Stratton School or its designee with your permission to perform a COVID-19 test for your child at the school or its designated site.

By signing below, you are indicating that you voluntarily consent to this test for the detection of COVID-19 for your child with symptoms. This consent will be effective for the entire 2020-2021 school year and will remain in the health file.

COVID-19 Test Information Statement

The test is being administered by the school nurse. The test involves a nasal swab. The specimen collected for a rapid test (Abbott BinaxNOW) gives results in approximately 15-20 minutes. The school or its designee will communicate the results of your child's test to you as well as instructions on next steps. The test results will be shared with the Maine CDC for public health reporting.

Section 1: Information about Your Child (please print)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	School Name	Grade & Teacher
ADDRESS				PARENT/GUARDIAN DAYTIME PHONE NUMBER:	
CITY	STATE	ZIP			

Section 2: Consent

CONSENT FOR CHILD'S COVID-19 TEST:

I have read or had explained to me the **COVID-19 Testing Information Statement**, above, and have had the opportunity to seek answers to my questions about the risks and benefits of this test.

Please check below:

I CONSENT to my child receiving the COVID-19 Test by the School Nurse. If this consent form is not signed, then you child will not receive the test.)

I CONSENT to the school Nurse being able to share this information with their Primary Care Physician _____
Physician Name

Signature of Parent/Legal Guardian _____ Date: month _____ day _____ year _____

