



MPS COVID-19 Student Testing Program Opt In/Out and Consent Form for the 2021–22 School Year

MPS offers COVID-19 testing to students who exhibit symptoms as well as routine weekly testing. MPS is using this form to document your desire to have your child participate in the district’s COVID-19 testing program. If you choose for your child to participate in the program, this form will document your consent to your child being tested for COVID-19 and to share collected data with relevant public health authorities.

Why test? Testing will help reduce community spread of COVID-19 and ensure that our schools are safe learning and working environments. The testing of students will assist the district in quickly identifying COVID-19 positive cases, which is critical to preventing school outbreaks.

What is the test? With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. Collecting a specimen for testing involves inserting a small swab into both nostrils. Testing will only take place if parent/guardian consent has been given.

How will I find out about the results of the test? You will be notified of the test result or informed of how the test result will be received by phone, text, or email.

What should I do when I receive my child’s test results? If the test is positive, 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 asked to pick up your child (or not send your child to school) and 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. You will be asked to follow the instructions provided by your child’s school following this test result.

CONTACT INFORMATION

Completed by parent/guardian or student (if 18 years of age or older) – **PLEASE PRINT**

Student Last Name:			
Student First Name:			Middle Initial:
Street Address:			
City:		State: WI	Zip:
Date of Birth (MM/DD/YYYY):		Student ID Number:	
Parent/Legal Guardian Name:			
Parent/Legal Guardian Email Address:			
Parent/Legal Guardian Phone Number:			
Please indicate below if you would like your child to participate in the MPS COVID-19 testing program:			
<input type="checkbox"/> Yes , I consent for my child to participate in the COVID-19 testing program and authorize my child to be tested <i>(check all that apply)</i> :			
<input type="checkbox"/> when showing symptoms <input type="checkbox"/> routinely on a weekly basis			
<input type="checkbox"/> No , I DO NOT consent for my child to participate in the COVID-19 testing program.			

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.
- By giving consent for my child to be tested, I consent that the school may notify my child of the test results.
- By giving consent for my child to be tested, I consent that the school may be tested by school staff, contracted healthcare personnel, Local and Tribal Health Department staff, and/or other trained personnel as directed by the school. I understand that if my child is age 14 to 17, they will be asked to provide verbal consent to be tested.
- I understand that this consent form will be valid through July 31, 2022, unless I notify the school administrator at my child’s school in writing that I revoke my consent.
- By giving consent for my child to be tested, 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 if I am a student age 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.

Visit the CDC’s Coronavirus webpage for more information: www.cdc.gov/coronavirus.

SIGNATURE – Parent/guardian or student (if 18 years of age or older)	Date
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