



MONTANA SCHOOL *for the* Deaf & Blind

giving kids the building blocks to independence

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Consent Form for Voluntary COVID-19 Testing

Montana School for the Deaf and the Blind (MSDB) takes the health and safety of our staff, students and their families very seriously. As such, MSDB is adding a voluntary COVID-19 testing program for staff and students under the following circumstances: exhibiting symptoms of COVID-19, being exposed to someone infected with COVID-19, and a student and/or parent requesting a COVID-19 test. This program uses Abbott Laboratories BinaxNOW tests provided by the Montana Department of Public Health and Human Services (DPHHS). Testing will only take place with your consent. If you are willing to provide consent to administer the antigen test on your children or yourself (if age 18 or older), please fill out this form. This consent form is valid for the length of the 2021-2022 school year. A valid consent form must be on file for any student to be tested for COVID-19 at school. In addition to the required consent form, Pre-K through 5th grade students will not be tested without notification to their parent/guardian via phone call prior to administering the test.

What is the test?

If you or your child is symptomatic or part of a group that is designated for voluntary testing you or your child will receive a free BinaxNOW rapid test for the COVID-19 virus with your consent. Collecting a specimen for testing involves using a swab, similar to a Q-tip, placed inside the tip of the nose. MSDB staff who have been trained to use this test will collect the specimen and a trained COVID-19 administrator will oversee the process. Test results will be made available to the parent/guardian who signs this form below. The results will be sent by text message and email within 24 hours of the test, if you select to receive the results. This program is **entirely optional** for staff and students, although we hope you choose to have the test to keep our schools as healthy and safe as possible. The tests are being offered in addition to existing safety protocols such as strongly recommended mask-wearing, social distancing, and frequent disinfection of surfaces.

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

If your child or you (if a student age 18 or older) 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, 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:

- Fever greater than or equal to 100.0 degrees Fahrenheit
- Difficulty breathing and/or shortness of breath
- Moderate to severe headache
- Significant muscle or body aches
- Diarrhea and/or vomit
- Loss of taste or smell
- Cough
- Fatigue
- Chills
- Sore throat

Disclaimer:

While we realize precautions will be taken for the safety of students and staff, please understand that neither the test administrator nor the MSDB, 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 (if student age 18 or older), as a result of agreeing to the test.

(Over)

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

Parent / Guardian Information

| | Text | Email | Neither |
|---|------|-------|---------|
| Please Check How You Would Like to Be Notified of the Results | | | |
| Parent / Guardian Print Name: | | | |
| Parent / Guardian Cell Phone Number: | | | |
| Parent / Guardian Email Address: | | | |

Child / Student Information

| | |
|-----------------------|--|
| Student Name Printed: | |
| Grade Level: | |

CONSENT

By signing below, I attest that:

- A. I authorize MSDB 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.
- E. I understand that MSDB will share positive and negative test results with the Cascade County Health Department, state officials, and designated MSDB administration; via phone call and SimpleReport. The purpose of this disclosure is to facilitate contact tracing and tracking of test usage.

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: | |