

**Project: ACE-IT**  
**Assisting Childhood Education through Increased Testing**

**CONSENT FORM FOR COVID-19 TESTING**

The HMS School for Children with Cerebral Palsy takes the health and safety of our staff, students, caregivers, and their families very seriously. As such, in addition to steps to screen for the virus and prevent its spread on campus, we are adding a K-12 COVID-19 testing program. This program uses Abbott Laboratories BinaxNOW tests provided through the Children’s Hospital of Philadelphia Project: ACE-IT from the federal government. We will only test with your consent. If you are willing to provide consent for us to administer this test on you or your child, please fill out this form.

**What is the test?**

You or 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 nurse, who has been trained and certified to use this test, will collect the specimen, and will oversee the process. Test results and reporting will be managed through the PA Rapid Test system and QR code registration. Test results will be made available to the individual who signs this form below by text message and email two (2) hours after the test if signed up for a QR code. The tests are being performed in addition to existing safety and infection control protocols such as mask-wearing, social distancing, good hand hygiene and frequent disinfection of surfaces.

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

If you or your child test positive for the virus, you or your child will be moved to a room away from other students and staff until you can depart or pick your child up. You or your child will be sent for PCR testing to validate the presence of a current or recent COVID-19 infection. We ask that you or your child stay home until the infection period has ended (typically, after symptoms improve and at least 10 days from the date symptoms first appear) and you or your child are no longer contagious. If you or your child’s test results are negative, the virus was not found in the specimen tested and you or your child may continue to attend in-person school programs 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 do not have COVID-19. If you or your child test negative but have symptoms of COVID-19, or if you have concerns about yourself or your child’s exposure to COVID-19, you should call your primary care physician, 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 | • Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit |
| • Loss of taste or smell   | • Loss of taste or smell   |
| • Cough  | • Cough  |
| • Difficulty breathing   | • Difficulty breathing   |
| • Shortness of breath  | • Shortness of breath  |
| • Fatigue  | • Fatigue  |
| • Headache   | • Headache   |

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 HMS School, 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.

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**TO BE COMPLETED BY THE INDIVIDUAL, PARENT OR GUARDIAN**

Individual/Parent/Guardian/Student Information			
You will be notified with test results either via cell phone or email, or both if signed up for a QR code. Negative results will not be reported. If your child tests positive you will be notified immediately via phone call.			
<b>Individual/Parent/Guardian Print Name:</b>			
<b>Individual/Parent/Guardian Cell/Mobile #:</b>			
<i>Note: Results will be texted to this cell #</i>			
<b>Individual/Parent/Guardian Email Address:</b>			
<hr/>			
<b>Child/Student Print Name:</b> (if applicable)			
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	
<b>Zip Code:</b>	<b>County:</b>		
<b>School:</b>	<b>Grade Level:</b>		
<b>Date of Birth:</b> (MM/DD/YYYY)			
<b>Race/Ethnicity:</b>	<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	<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary
CONSENT			
<b>By signing below, I attest that:</b>			
<p>A. I authorize the HMS School to conduct collection and testing of my child or myself for COVID-19 by nasal swab.</p> <p>B. I acknowledge that a positive test result is an indication that my child or I, must self-isolate and continue wearing a mask or face covering as directed in an effort to avoid infecting others.</p> <p>C. I understand the HMS School is not acting as my child’s or my medical provider, this testing does not replace treatment by my child’s or my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child’s or my test results. I agree I will seek medical advice, care, and treatment from my child’s or my medical provider if I have questions or concerns, or if my child’s or my condition worsens.</p> <p>D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.</p>			
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.			
<b>Individual/Parent/Guardian Signature:</b>			<b>Date:</b>