



Everett Public Schools Rapid Antigen Student Consent Form

3900 Broadway • Everett, WA 98201 • 425-385-4000

Everett Public Schools (EPS) seeks to maintain a safe environment for employees, students, their families, and the community. Health concerns and precautionary health measures are more important than ever during this unprecedented COVID-19 health pandemic. To prevent the spread of COVID-19, testing, contact tracing, and isolation of infected people supports the health and safety of the community. This consent form provides EPS or its designee to conduct a COVID-19 rapid screening test for student athletes at the school or its designated site as outlined by Washington Interscholastic Activities association (WIAA).

COVID-19 Test Information Statement:

We will be conducting rapid antigen testing that detects the presence of the SARS-CoV-2, which is the virus that causes a COVID-19 infection, in about fifteen (15) minutes. The specimen for the test is self-collected via nasal swab. This test is a requirement to participate in some WIAA athletics, however testing will not be conducted unless this form is signed.

A positive result of this test will be immediately reported to the Snohomish County Health Department (SHD) and the EPS COVID Tracing Team (CTT), per our guidelines, so that contact tracing and the institution of appropriate disease control measures can begin.

Additionally, all test results will be shared with the Washington State Department of Health (DOH) pursuant to state regulation.

Except as required by law, test results and testing information will be kept confidential by the school district, DOH, SHD and CTT. Completing and signing this form serves as consent for the test to be performed on the named individual and is also an acknowledgment of the above statements as well as the content of the enclosed notice entitled "School Reporting of a Positive or Suspected COVID-19 Student or Employee." Upon request, this completed and signed form will be provided to the appropriate school district personnel.

Acknowledgements:

I assume complete and full responsibility to take appropriate action with regards to my child's test results and will follow the EPS requirements and follow up with a healthcare provider should my child receive positive test results. I acknowledge that a positive test result is an indication that my child must self-isolate, that they will be asked to leave the district premises immediately and that we will be directed to follow EPS requirements, should I receive positive test results. I understand, as with any medical test, this COVID-19 test has the potential for false positive results—test is positive, but my child does not have the infection—or false negative results—test is negative, but I have the infection. I agree I will seek medical advice, care, and treatment for my child from my healthcare provider if I have questions or concerns, or if my child's condition worsens. I understand the testing unit is not acting as a healthcare provider and that this testing does not replace treatment by a healthcare provider.



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

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 form if so requested. 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 agree to allow EPS to perform a Rapid Antigen COVID-19 test to my student, as required by WIAA guidelines.

STUDENT CONSENT AND ACKNOWLEDGEMENT

Name of Student to be Tested (print):	
Date of Birth:	Phone #:
Address:	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	
Signature of Parent/Guardian of Student to be tested:	

District Use Only: Received by (name) _____ on (date) _____ Place of test administration: _____ on (date) _____
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