Friendship Public Charter School

School-Based COVID-19 Testing Information and Opt-Out Form

The Centers for Disease Control and Prevention (CDC) recommends offering coronavirus (COVID-19) testing in schools. COVID-19 testing helps schools identify cases of COVID-19 quickly and reduce the risk of COVID-19 infections at school. For the 2021-22 school year, your scholar's Friendship Campus is offering COVID-19 testing.

Friendship's COVID-19 testing uses a rapid antigen test which requires a swab of the lower portion of the nasal cavity. More information regarding the BD Antigen Test can be found here. Test results will be shared securely with the student's parent/guardian (or the adult student directly), the appropriate school official(s), and DC Health.

Like DC public and public charter schools participating in the citywide COVID-19 school-based testing program, Friendship is using this form to share information about our testing program with you and your student and to share data with relevant authorities. All testing is free.

Friendship's testing program will provide both symptomatic and asymptomatic testing.

Asymptomatic testing is testing for COVID-19 even if a student does not have symptoms of COVID-19, including routine "screening" testing. For the 2021-22 school year, Friendship will test all scholars that do not opt-out. Asymptomatic testing also includes the testing of close contacts of a positive case of COVID-19. It is an effective method for slowing the spread of the disease and may assist in identifying potential outbreaks early. This allows you to provide care for the student sooner if they test positive for COVID-19; benefits students, parents, and the community; and supports continued in-person instruction.

Symptomatic testing is done if a student develops symptoms of COVID-19 while at school.

What are the testing programs?

- Routine asymptomatic testing: The student may be selected as part of a random sample of individuals weekly to receive a test for the COVID-19 virus.

- Close contact testing: If the student is identified as a close contact of an individual who has COVID-19 in the school setting, they would be eligible for COVID-19 testing after the exposure.

- Symptomatic testing: The student will complete a COVID-19 test if they develop symptoms of COVID-19 at school.

How and when will I find out about the results of the test?

Test results will be available to parents/guardians, or the adult student via a text message or email. Results are typically available in 15 minutes. Parents/guardians or the adult student will also be contacted by the school if a test is positive. DC Health will follow up with parents/guardians or the adult student as part of their routine procedures for positive COVID-19 tests.

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

If the student's test results are negative, it means that the virus was not detected in the student's specimen at this time. The student should continue maintaining the masking, hygiene and social distancing practices recommended by DC Health. If the student had a negative test result but is symptomatic or a close contact of an individual who tested positive for COVID-19, they should follow all guidance from DC Health and your school regarding when your student can return to school. If the student develops symptoms of COVID-19, you should call the student's healthcare provider, regardless of the test results.

If the student's test results are positive, it means the student has the virus and could spread it. Please contact the student's healthcare provider immediately. The student should stay at home and follow the health and school guidelines from DC Health and from your school. If the student is on-campus when the test result is received, they will be taken to an isolation area until they can be picked up from school. Friendship encourages all families to get a confirmatory PCR test when he/she receives a positive rapid antigen test.

As with any laboratory test, there is a small risk of inconclusive, false positive or false negative results. In the event of any concern regarding your health, including the presence of symptoms of COVID-19, you are strongly encouraged to contact your healthcare provider.

Liability

The District, the school, its employees, and agents shall be immune from civil liability for acts or omissions relating to the District's citywide school-based COVID-19 testing program, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct.

Data

Data from this form and the results of tests will be collected as part of the COVID-19 reporting requirements and may be shared with relevant school and health authorities. The student's identity will not be released to others from the school community if they test positive for COVID-19.

How do I opt out? You must fill out and return the opt-out form on the next page for your student (or you, if you are a student older than age 18) if you wish to opt-out of the testing program. Your opt-out will be recorded and your student will not be selected or eligible for testing. This opt-out form is valid for the 2021-22 school year, but you may revoke your opt-out at any time by sending a written letter or email to your student's school stating that you would like your student (or you, if you are a student older than age 18) to receive COVID-19 testing.

THE OPT-OUT FORM IS DUE BACK TO YOUR FRIENDSHIP CAMPUS BY

MONDAY, OCTOBER 25, 2021.

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Friendship COVID-19 Testing Opt-Out Form

Contact Information I Completed by parent/guardian (or student, if 18 years of age or older)		
STUDENT LAST NAME:	STUDENT FIRST NAME:	DATE OF BIRTH:
SCHOOL NAME:		WARD:
HOME ADDRESS:	APT: CITY:	STATE: ZIP:
PARENT/GUARDIAN NAME:	PHONE:	EMAIL:
EMERGENCY CONTACT NAME:	EMERGENCY CONTACT PHONE:	

By signing below, I attest that:

- I have read and understand the information provided in the Overview of School-Based COVID-19 Testing Program handout and do <u>not</u> wish to participate in the school-based COVID-19 testing program.

- I understand that by not participating in the school-based COVID-19 testing program, the relevant school and health authorities will have less information about the potential presence and spread of COVID-19 in the school community.

- I understand that if the student is identified as a close contact of a COVID-19 case or is symptomatic, the student will <u>not</u> be eligible to be tested under the school-based COVID-19 testing program unless I revoke this opt-out.

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student named below (or for myself, if I am a student 18 years of age or older).

- I may change my decision at any time and elect to participate in the school-based COVID-19 testing program. However, my opt-out is valid for the 2021-22 school year unless I notify the designated contact person from my student's school in writing that I revoke this opt-out.

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PARENT/GUARDIAN CONSENT SIGNATURE (IF STUDENT IS UNDER 18 YEARS OF AGE)   DATE (MM/DD/YYYY)

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SIGNATURE OF STUDENT (IF 18 YEARS OF AGE OR OLDER)   DATE (MM/DD/YYYY)