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CONSENT FORM FOR Rapid Antigen COVID-19 TESTING

The Ludlow Boys & Girls Club takes the health and safety of our students and their families very seriously. As such, in addition to steps to screen for the virus and prevent its spread, we are adding temporary COVID-19 rapid antigen testing for students. We will temporarily use COVID-19 Rapid Antigen tests. We will only test with your consent. If you are willing to provide consent for us to administer this test on your child or yourself (if student age 18 or older), please fill out this form.

What type of test is it?

If you consent, <<we will conduct OR you will receive>> a free iHealth, or other FDA approved diagnostic Rapid Antigen rapid test for the COVID-19 virus. Collecting a specimen for testing is non-invasive. It involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. For families administering the test, a staff member will supervise, or training materials will be provided so that tests are conducted properly. Test results will be made available to the individual who signs this form below. This program is optional, although we hope you choose to have the test to keep our program as healthy & safe as possible. The tests are being offered in addition to existing COVID mitigation protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

When will rapid tests be used?

In alignment with EEC's Testing for Childcare program, rapid antigen tests will be used in two instances:

- *Symptomatic Rapid Testing:* Rapid antigen testing for staff or children who show symptoms consistent with COVID-19. When a child or staff member has onset of symptoms consistent with COVID-19 while attending care, they will be isolated first in accordance with our program's illness policy, and an antigen test will be administered to determine if continued isolation and quarantine is necessary. If a child tests negative, they can continue to stay in care as long as symptoms continue to remain mild, or in accordance with our program's illness policy.
- *Asymptomatic Rapid Cohort Testing:* Rapid antigen testing for individuals with a known direct exposure to an individual who has been confirmed COVID positive. Exposure to the COVID-19 positive case must occur at the EEC-licensed program during care hours in order to participate in this option. All asymptomatic members (age 2 and older) of the individual's cohort can commit to daily rapid antigen testing either administered by the child care program or the family (parent) for the five consecutive calendar days instead of being required to quarantine. Unvaccinated children and staff participating in this option instead of quarantining must test negative at the start of each day. If a child tests positive in the cohort, they will be isolated immediately for pick up. And all members of the cohort must reset the clock to 5 consecutive days from the last date of exposure to the positive individual.

Who can participate?

All staff and children 2 and older can participate in Rapid Antigen testing, with a signed consent form. The US Food and Drug Administration (FDA) has only approved use of rapid antigen COVID-19 tests for children two (2) and older.

How will results be shared?

For families who will be conducting tests at home as part of Asymptomatic Rapid Cohort Testing, results will need to be confirmed either through photo verification over email, or through a signed daily attestation form (based on the program's policy). Failure to provide proof will result in your child's required quarantine time of 5 days from date of exposure.

What does the result mean?

In accordance with EEC's COVID-19 Recommended Guidelines & Protocols, anyone participating in the testing program must adhere to all EEC protocols. Protocols for responding to confirmed positive cases of COVID-19 within the program are outlined in these protocols. *If your child tests negative but has symptoms of 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.*

Disclaimer: While we realize precautions will be taken for the safety of students, and staff administering the testing have received training on safe and proper test administration, please understand that neither the test administrator nor the <<insert 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, as a result of agreeing to the test.

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT

Parent/Guardian Information

You will be notified with test results either via cell phone or email, or both.

**Parent/Guardian
Print Name:**

Parent/Guardian Cell/Mobile #:
Note: Results will be texted to this cell #

**Parent/Guardian
Email Address:**

Child/Student Information

Child/Student Print Name:

Driver's License #:
(if applicable)

Street Address:

City:

State:

PA

Zip Code:

County:

School:

**Grade
Level:**

Date of Birth:
(MM/DD/YYYY)

Age:

Race/Ethnicity:

Asian Hispanic Native American/Indigenous
Black White Unknown

Gender:

Female
Male
Non-binary

CONSENT

By signing below, I attest that:

- A. I authorize the program to conduct collection and testing of my child for COVID-19 by a shallow nasal swab.**
- B. I acknowledge that a positive test result is an indication that my child, 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 program 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.**

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 and may cancel my consent 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:	