

What is the COVID-19 testing program?

- Participating students will be tested for COVID-19 once a week.
- The test is performed at your school.
- The COVID-19 test is quick, easy, and it does not hurt.
 - A nasal test gently swabs the lower inner nostril.
 - Testing is sent to the lab.
 - Positive lab results are shared with the parent/guardian.
- The test is free. You do not need to pay for the test or have insurance to get the test.
- The program is optional, but we hope you will participate to help us stop the spread of COVID-19.

How can my student participate in the program?

To participate in the testing program, you need to sign a consent form for your student. You only need to sign up, opt in, once for the weekly testing. Student information will be shared with the Georgia Department of Public Health if a student tests positive.

The program is voluntary. Students are not required to participate in the program; however, we strongly encourage your student to participate to help us reduce the spread of the COVID-19.

Dear NCSS Families:

Thank you for your continued partnership during the 2021-2022 school year. In an effort to prevent the spread of COVID-19, we have been working closely with the Georgia Department of Public Health (DPH) to implement a free, optional COVID-19 testing program for students and staff at our schools. Regular COVID-19 testing of students and staff will help us lower the risk of the disease in our schools by finding positive cases of COVID-19 quickly. The testing program will also help identify positive cases in people who do not show any symptoms. Testing will allow us to continue regular in-person learning while making everyone feel safer when in-person.

The purpose of this letter is to ask your permission to regularly test your child as part of a testing program at his/her school. Testing involves a gentle nasal swab of the lower inner nostril. Positive lab results will be shared with the parent/guardian.

Remember, the test is free; you do not need to pay for the test or have insurance to get your student tested. The program is optional, but we hope you will participate to help us stop the spread of COVID-19.

To give permission for your student to participate in the COVID-19 Testing Program, including consent to transmit student information via the testing platform and consent to share the test result information with the Georgia Department of Public Health, **please complete and return the attached consent form to your school nurse. This consent form will opt your student into weekly testing for the duration of the testing program or until you submit writing stating you no longer want your student to participate.**

If you have questions, please contact Dr. Ashante Everett at everett.ashante@newton.k12.ga.us.

- Regardless of test results, students MUST adhere to all COVID-19 school safety guidance, including mask-wearing and social distancing, and follow school protocols for isolating and testing in the event the student develops symptoms of COVID-19.
- I understand that staff administering individualized testing have received training on safe and proper test administration. I agree that neither the test administrator nor Newton County School System, nor any of their trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the COVID-19 testing program.
- I understand that my student must stay home if feeling unwell. I acknowledge that a positive individual test result is an indication that my student must stay home from school, self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others. Dates of isolation will be assigned by the district contact tracing team.
- I understand the school system is not acting as my student's medical provider, this testing does not replace treatment by my student's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my student's test results. I agree I will seek medical advice, care, and treatment from my student's medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care my student receives from their healthcare provider.
- I consent for my child's name, COVID-19 test results, and all information included within this authorization to be released by and among Newton County School System, the Georgia Department of Health, LTS and their contracted service providers, and public health agencies for the purpose of testing coordination, results notification, and other public health purposes.
- I understand that individualized testing may create protected health information (PHI) and other personally identifiable information (PII) of the student. Pursuant to 45 CFR 164.524(c)(3), I authorize and direct the testing provider to transmit such PHI to my student's school, the Georgia Department of Public Health, and the testing laboratory. I further understand that PHI may be disclosed to the Executive Office of Health and Human Services and any other party, as authorized under HIPAA.
- I understand that authorizing these COVID-19 tests for my student is optional and that I can refuse to give this authorization, in which case, my student will not be tested.
- This permission will be in effect from the date of my signature and at any time my child is enrolled in Newton County School System unless I terminate this authorization in writing. I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released. To cancel this permission for COVID-19 testing, please contact the school nurse.

Guardian Signature:	Date:
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**NCSS Voluntary COVID-19 Testing
Student Consent Form**

Student testing will maximize the longevity of in-person learning by quickly detecting, tracing, and isolating COVID-19 positive individuals — whether or not they become symptomatic. Additionally, it will provide families and staff with peace of mind. The current safety measures in place, combined with testing for staff and students, will lower the risk of transmission and allow more consistent access to in-person instruction for our students.

What is the test?

The testing is an anterior-nasal swab test (a short swab no longer than a typical Q-Tip) and takes only a few seconds to collect. This is a non-invasive collection method.

Will this information be shared?

This information will be shared only for public health purposes, which may include notifying close contacts of your child if they have been exposed to COVID-19, and taking other steps to prevent the further spread of COVID-19 in your school community. Sharing of information about your child will only be done so in accordance with applicable law and city policies protecting student privacy and the security of your child's data.

Student Information		
Student Name:	Date of Birth:	Age:
Address:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
School:	Grade Level:	
Parent/Guardian Information		
Parent/Guardian Name (Please Print):	Parent/Guardian Phone #:	
Parent/Guardian Email:		

CONSENT

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

- I authorize the collection and testing of a weekly individual COVID-19 test on my child during school hours, through the Increasing Community Access to Testing (ICATT) Program.
- I authorize the collection and testing of any individual PCR/molecular diagnostic test on my child.
- I understand that all sample types will be non-invasive, short nasal swabs.
- I understand that I will be notified about the POSITIVE results of any individual diagnostic test for COVID-19.