



What is this form?

We are seeking your consent to test your child for COVID-19 infection. Great Oaks Charter School, working with the Delaware Department of Health and Social Services - Division of Public Health (DPH) has partnered to test students for COVID-19 infection. **There is no cost to you or to your insurance.**

How often would you test my child?

We are arranging for antigen testing to occur weekly to Great Oaks Charter to test all of the students. If you consent, your child may be selected for testing on one or more of these occasions. In Addition, your child may also be tested throughout the school year on days scheduled by Great Oaks Charter School.

What is the test?

If you consent, your child will receive a free diagnostic test for the COVID-19 virus. The attached letter provides more information about the types of tests that may be used. Collecting a specimen for testing involves inserting a small swab, similar to a Q-Tip, into the front of the nose.

How will I know if my child tests positive?

If your child's test results are positive, your child will need to have an additional PCR test done immediately to confirm the results. The school will contact you on the result and help in identifying where the additional test can be performed.

Additionally, your child will be moved to a location/room away from other students until your child is able to be picked up from school.

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

If your child's test results are positive, please contact your child's doctor immediately to review the test results and discuss what you should do next. You should keep your child at home and inform your child's school. If your child's test results are negative, this means that the virus was not detected in your child's specimen. **Tests sometimes** produce incorrect negative results (called "false negatives") in people who have COVID-19. 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. If you need help finding a doctor, call your school nurse.

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

Parent/Guardian Information

Parent/Guardian (Print)	
Parent/Guardian Address:	
Parent/Guardian Tel./Mobile	
Parent/Guardian Email address:	
Preferred Contact method	

Child/Student Information

Child/Student Print Name:	
Child/Student DOB (mm/dd/yyyy)	
Child/Student	
School:	
Child/Student Address:	

The law allows some information about your child to be shared with and among certain Delaware State agencies and her contracted service providers, including those listed below. 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. Information about your child that may be shared with these agencies and service providers conducting COVID-19 Testing includes your child's name and COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), classroom/cohort/pod, enrollment and attendance history, and after-school or other program participation, names of other family members or guardians, address, telephone, mobile number, and email address. Sharing of information about your child will **only** be done so in accordance with applicable laws policies protecting student privacy and the

security of your child’s data.

GREAT OAKS CHARTER SCHOOL	
DE Department of Education	
DE Division of Public Health (DHSS – DPH)	
Staff conducting COVID-19 Antigen Testing	

By signing below, I attest that:

- *I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above. · I consent for my child to be tested for COVID-19 infection.*
- *I understand that my child may be tested multiple times through 2020-2021, and that testing may occur (1) on days scheduled by the Great Oaks Charter School.*
- *I understand that this consent form will be valid through June 30th, 2021, unless I notify the designated contact person from my child’s school in writing that I revoke my consent.*
- *I understand that if I revoke my consent or refuse to sign, my child may be required to continue their education via remote learning.*
- *I understand that my child’s test results, and other information may be disclosed as permitted by law. · I understand that if I am a student age 18 or older or may otherwise legally consent for my own health care, references to “my child” refer to me and I may sign this form on my own behalf.*

Signature of Parent/ Guardian *(if child is under age 18)	Date (mm/dd/yyyy)
Signature of Student * (if age 18 or over or otherwise authorized to consent)	Date (mm/dd/yyyy)