



Consent to Participate in Rapid Antigen COVID-19 Testing

Lawrence Public Schools continues to explore ways to mitigate safety risks associated with the spread of COVID-19. The district will partner with the Kansas Department of Health and Environment to provide daily rapid antigen (nasal swab) COVID-19 testing for students and staff 1) exhibiting COVID-19 symptoms at school and 2) identified as close contacts at high risk of exposure during contact tracing at school.

School health services or designated school staff will conduct the testing. The goal of COVID-19 testing is to keep students and staff safe and in school, participating in extra-curricular activities, if applicable; and to prevent the spread of the virus in our community.

Lawrence Public Schools requires parent/guardian (or student age 18+) consent to participate in COVID-19 testing. Without consent, students and staff identified as close contacts after a COVID-19 exposure must quarantine for 10 days from the date of exposure, unless they 1) show proof they are fully vaccinated (two weeks after final dose of vaccine) and continue to show no symptoms, OR 2) continue to show no symptoms and provide the school nurse a PCR or antigen test or a note from the local health department as proof of testing positive for COVID-19 within the last six months.

By completing and submitting this form you consent to COVID-19 testing for yourself (staff or student age 18+) or your student and:

- a. authorize a testing administrator associated with the school district to conduct sample collection and testing for COVID-19.
- b. authorize my test result, or the test result of my child under age 18, to be disclosed to the school district, county, state, or to any other governmental entity as may be required by law.
- c. understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. In the event of a positive rapid antigen test result, the school nurse or designated school staff will administer a saliva-based PCR test to confirm the test result.
- d. give permission for Lawrence-Douglas County Public Health, the Kansas Department of Health and Environment, the school district, and/or the participating lab to contact me using non-secure methods (phone/e-mail) regarding this COVID-19 test result.

Parent/Guardian Date of Birth (for LabXchange test results) *

Contact Number *

The Contact Number can *

Receive Texts Calls Only

I am at least 18 years of age or the legal guardian of the donor with authority to consent on their behalf. *

I Accept. I agree to all of the terms in this Consent to Participate in Rapid Antigen COVID-19 Testing.

Legal Guardian Signature *

Date Signed *

Student Name *

DOB *