



CONSENT FORM FOR TESTING STUDENTS FOR COVID-19

What is the purpose of this consent form?

We are requesting your consent to administer screening testing for COVID-19 to your child or the minor under your care (from here on, student) as part of the strategies to prevent COVID-19 transmission in schools. The Puerto Rico Department of Health will be testing students for COVID19 at the _____ school.

What is the cost of the test?

The COVID-19 tests are cost-free; neither you nor your medical insurance will be billed.

With what frequency will the tests be administered?

Tests will be administered periodically to randomly selected students. As students are randomly selected, your child may be selected for testing one or more times during the school year.

What test will be used?

The test that will be administered is a viral (antigen) COVID-19 test, cost-free. The attached page provides additional information about the type of testing that will be utilized.

How is the test administered?

Taking a sample for this viral COVID-19 test requires the insertion if a small swab, like a *Q-Tip*, through the frontal part of a nostril.

How is a positive result notified?

If the antigen test result is positive, the school’s health authority will contact you to inform you of the result.

What measures should I take if the result is positive?

If the antigen test result is positive, a COVID-19 molecular PCR test should be performed within 48 hours to confirm the results. The school’s health authority will help you locate where the COVID-19 molecular PCR test can be administered and facilitate the needed referral. The test will be cost-free. You should also immediately contact your pediatrician or primary physician to notify the result, determine care and maintain the isolated at home.

What measures will the school take if the result is positive?

The student will be taken to a room, away from other students and under supervision, until a legal tutor or authorized family member can pick him up. If the student is emancipated or over 21 years of age, they will be required to leave unless they have a disability for which they require assistance.

What should I do if the result is negative?

If your child’s COVID-19 antigen test result is negative it means that no virus was detected in the sample taken. Sometimes negative test results may be incorrect (called “false negative”) in people who have COVID-19. If your child has a negative test result but has COVID-19 symptoms, or if you are worried that your child was exposed to COVID-19, you should contact your child’s doctor.

TO BE FILLED BY A PARENT, LEGAL TUTOR, GUARDIAN OR ADULT STUDENT

Parent/Legal Tutor Information

Parent/Legal Tutor Name (print)			<input type="checkbox"/> Mother/Father <input type="checkbox"/> Legal tutor <input type="checkbox"/> Guardian
Parent/Legal Tutor Physical address			
Parent/Legal Tutor Tel./Cellular		e-mail:	
Best way to contact you:	<input type="checkbox"/> Telephone <input type="checkbox"/> e-mail	<input type="checkbox"/> Text message <input type="checkbox"/> Other:	

Child/Student Information

Child/Student Name (print)	
Date of Birth: (mm/dd/year)	
Child/Student Physical address	

INFORMATION EXCHANGE NOTIFICATION

Public Law # 104-191 from 1996, as amended, known as the Health Insurance Portability and Accountability Act (HIPAA), requires that all covered entities protect individuals' health information. This is defined as protected health information (PHI) and allows for certain information to be shared among some of Puerto Rico's governmental agencies and service providers, including the ones mentioned below. This information will be shared solely for public health purposes, which may include notifying your child's close contacts that might have been exposed to COVID-19 to take other actions to prevent COVID-19 transmission in the school. Information about your child that may be shared includes name and COVID-19 test results, date of birth, age, sex, school name, teachers, classroom/cohort/group, enrollment history, school attendance, after school programs, names of other family members, address, phone number and e-mail. The exchange of your child's information will be carried out according to the applicable laws and policies that protect the child's privacy and security of the data. Both the Department of Health and the educational institution are committed to providing security and privacy of the PHI in accordance with the legal relationship that is created by virtue of this matter.

- | | |
|--|---|
| <ul style="list-style-type: none"> • DH – Department of Health | <ul style="list-style-type: none"> • Educational institution |
| <ul style="list-style-type: none"> • Personnel administering COVID-19 tests | |

CONSENT

- I ACCEPT and consent** for my child, or the minor under my care, to receive COVID-19 antigen testing.
- I wish** to be present at the time the sample (for testing) is going to be taken. (The person should be completely vaccinated and should always wear a mask.) Parent/Legal tutor initials: _____
- I authorize samples (for testing) to be taken in my absence:** Parent/Legal tutor initials: _____

With my signature, I attest to:

- Having signed this consent form freely and willingly and that I am legally authorized to make decisions for my child mentioned above.
- Understanding that my child could be evaluated in multiple occasions during the school year the begins on _____ and ends on **July 31, 2022***
- Understanding testing will be conducted on the days scheduled by the Department of Health.
- Understanding that this consent is valid until July 31st, 2022*, unless I notify, **in writing**, the school's health authority that I am withdrawing consent for COVID-19 testing.
- Understanding that my child's test results, and other information may be divulged as permitted by the HIPAA Law and the Family Educational Rights and Privacy Act (FERPA)

Emancipated students or 21 years or older.

- I ACCEPT and consent** to receive COVID-19 antigen testing and attest that I understand the content and scope of this consent, which I sign in my own name.

Parent/Legal Tutor Signature (if the child is younger than 21)	Date (mm/dd/year)
Student Signature (if the student is 21 or older or authorized to consent)	Date (mm/dd/year)

DENIAL

- I DO NOT ACCEPT nor give my consent** for my child to receive COVID-19 antigen testing.

With my signature, I attest to:

- Having signed this consent form freely and willingly and am legally authorized to make decision for my child mentioned above.
- Understanding that this denial of consent is valid until July 31st, 2022*, unless in notify **in writing** to the school's health authority figure that I am withdrawing denial for COVID-19 testing.
- Understanding that, as a student 21 year or older of age or having the right to provide consent for my medical attention, the term "my child" in this consent form refers to me and that I can sign with my own name.

Emancipated students or 21 years or older.

- I DO NOT ACCEPT and nor give my consent** to receive COVID-19 antigen testing and attest that I understand the content and scope of this consent, which I sign in my own name.

Parent/Legal Tutor Signature (if the child is younger than 21)	Date (mm/dd/year)
Student Signature (if the student is 21 or older or authorized to consent)	Date (mm/dd/year)

* The school year includes the summer period.