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THE GRAMON SCHOOL • GLENVIEW ACADEMY • NEW BEGINNINGS

February 15, 2022

Dear Parents/Guardians,

In order to limit the spread of COVID-19 within our school community and keep our schools open for in-person learning, the Gramon Family of Schools will be offering a free COVID-19 Test to Stay Program as an option for families that would like to participate in lieu of getting tested by your own physician. With this program, our school nurses will be able to complete contact tracing while performing free in school testing & monitoring related to close contacts with parental/guardian consent. In addition to close contacts, students who display signs of illness (other than the school exclusion list) will be tested at school to rule out COVID-19, which will prevent home quarantine while awaiting test results from your physician.

The criteria to participate in this program includes:

- A confirmed close contact (6 feet or less for more than 15 minutes) of someone testing positive for COVID-19 in the school setting or a student who begins to develop COVID-19 like symptoms during the school day
- Being able to monitor symptoms for 10 days after the last COVID-19 exposure
- Being able to wear a well-fitted mask over the nose and mouth while around others in school (except for eating/drinking 6 feet away from others).

Once meeting the criteria and being a confirmed close contact in the school setting, with consent, the student would be seen by the school nurse upon arrival at school for symptom screening. If the student develops symptoms the parent will be notified. Nasal swab testing in the lower nostril with a rapid test would be performed upon being confirmed a close contact (day 1) and then again on day 3 and day 5. If the test result is negative the student remains in school, if the test result is positive the student will remain in the isolation area and the parent will be called to pick up their child. In addition, if the test is negative the student will be required to wear a well-fitted mask in school through day 10 when the symptom screening period is completed.

If a student displays COVID-19 symptoms in the school setting, the parent will have the option to have their child tested in school in the same manner but in this case, it is a one-time test to rule out COVID-19. If the test is negative, the nurse will assess the student and notify the parent to discuss findings. If the test is positive, the student will remain in the isolation area and the parent will be called for pickup.

We are extremely grateful to our committed families who continue to show great flexibility and resilience as we work together to minimize the spread of the virus.

Please sign and return the attached consent form if you would like to participate in our Test to Stay Program and feel free to reach out to your school nurse if you have any further questions.

## CONSENT FORM FOR THE NJ TEST TO STAY PROGRAM

### Parent/Guardian Information

**Parent/Guardian  
Print Name:**

**Parent/Guardian Cell #:**

*Note: results will be texted to this cell #*

**Parent/Guardian  
E-Mail Address:**

### Child/Student Information

**Child/Student Print Name:**

**Classroom/Grade:**

**Date of Birth:**  
*(MM/DD/YYYY)*

**Address:**

**City:**

**Zip Code:**

**Consent Opt Out:**

- Yes**, I provide consent for my student to participate in COVID-19 testing *(please read and sign form below)*
- No**, I do not provide consent for my student to participate in COVID-19 testing. *(No further action needed)*

### CONSENT

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

- A. I authorize collection and testing of a sample from my student for COVID-19 at school, for an individual test (e.g. individual antigen or PCR test). By signing this form, I am consenting to any of the following testing situations for my child.
  - i. Individual testing on symptomatic individuals: when individuals display symptoms while in the school setting.
  - ii. Individual testing on close contacts (Test and Stay): for asymptomatic close contacts to be tested every other day for at least five (5) days from the first day of exposure, with individuals testing negative being allowed to remain at school.
- B. I understand that all sample types will be non-invasive, short nasal swabs or saliva samples.
- C. I understand that I will be notified about the results POSITIVE or NEGATIVE of any individual test for COVID-19 performed on my child.
- D. I understand that there is the potential for a false positive or false negative COVID-19 test result, no matter the kind of testing being performed. Given the potential for a false negative, I understand that my student should continue to follow all COVID-19 safety guidance, and follow school protocols for isolating and testing in the event the student develops symptoms of COVID-19.
- E. I understand that the staff administering COVID-19 tests are medical professionals. I agree that the staff administering the test are not held liable for any accident or injuries that may occur from participation in the NJ COVID-19 Testing Program.

F. 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 school nurses.

G. I understand regardless of the test results, students must adhere to all COVID-19 school safety guidance, including mask-wearing and social distancing, and follow school protocols in the event the student develops symptoms of COVID-19.

H. 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. I understand that COVID-19 testing may create protected health information (PHI) and other personally identifiable information of the student, and such information will only be accessed, used, and disclosed in accordance with HIPAA and the applicable laws of New Jersey.

J. I understand that participation in COVID-19 testing may require the school to disclose my student's identity, demographic, and contact information when reporting results.

K. 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.

L. 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 previously released. To cancel this permission for COVID-19 testing, I need to contact the school nurse to inform in writing.

I, the undersigned, have read and understand the information in this consent form about the test purpose, procedures, possible benefits and risks. 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. I voluntarily agree to this COVID-19 testing for my student. This permission will be in effect from the date of my signature and at any time my child is enrolled in the NJ Test to Stay Program 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 in school COVID-19 testing, please contact the school nurse.

**Signature of Parent/ Guardian:**

**Date:**