



BinaxNOW COVID-19 Antigen Testing

Consent & Acknowledgement Form

Worth County R-III School District

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Voluntary Testing Consent & Acknowledgement Form for Worth County R-III School District

It is required that the school district reports all test results to the DHSS.

BinaxNOW is an antigen test that detects the presence of the SARS-CoV-2, which is the virus that causes a COVID-19 infection, in about fifteen (15) minutes. The specimen for the test is collected via nasal swab. This test is completely voluntary and will not ever be administered unless this form is signed. As stated above, all test results will be shared with the Department of Health and Senior Services pursuant to state regulation.

Pursuant to this Option, students, teachers, and staff identified as close contacts can continue to attend school and participate in extracurricular activities, if the following criteria are met:

- The close contact does not include household exposures (i.e., exposures among persons who live in the same household). There may be other similar higher-risk exposures where test to stay would not be recommended.
- Does not develop symptoms of COVID-19 throughout the full duration of the quarantine period (14 days past the last date of exposure to the case).
- Receive a minimum of three rapid antigen tests (e.g., BinaxNOW) during the first seven days of the quarantine period:

Test One: Upon identification as a close contact

Tests Two and Three: A minimum of two additional rapid antigen tests, preferably on two non-consecutive school days within the first seven days of the quarantine period. For example: contact identified as a close contact on day 2 of quarantine would be tested on day 2 (Wednesday); day 4 (Friday) and day 7 (Monday); AND

The testing is conducted upon entry to school and negative results received prior to return to the K-12 setting.

For participation in extracurricular activities, daily testing is recommended, though at a minimum, an additional rapid antigen test is to be taken on the day of participation throughout the duration of the 14-day quarantine period. The testing should be completed, and a negative result received, prior to participation in the event. This includes testing on days when the event occurs during weekends, holidays, or other days when schools are not in session.

Active monitoring of persons participating in “test to stay” for symptoms is conducted by the school throughout the duration of the 14-day quarantine period, and persons should self-isolate at home if symptoms develop.

By completing and signing this form, you agree and acknowledge that the BinaxNOW test may be performed on the named individual. Upon request, this completed and signed form should be provided to the appropriate school district personnel.

You further agree and acknowledge that agents, employees, officers, Board of Education members, insurers or others acting on the District’s behalf are not acting as your student’s medical provider. You also agree to release, discharge, hold harmless and indemnify the District, its current and former agents, employees, officers, Board of Education members, insurers and others acting on the District’s behalf (the “Releasees”), of and from any and all claims, demands, causes of action and/or legal liabilities, including the cost of defending or prosecuting any such claims and demands, arising out of, in connection with, or in any way related to the administration of the COVID-19 testing conducted on the District’s property, even if the cause, damages, or injuries alleged to be the fault or alleged to be caused by the act, negligence, default, omission, or carelessness of the Releasees.

Except as required by law, test results and testing information will be kept confidential by the school district and Department of Health and Senior Services.

CONSENT & ACKNOWLEDGMENT

Name of person to be tested: _____

DOB: _____ Gender: _____ Ethnicity: _____

Race: _____

Address: _____

Phone: _____

Print parent / guardian name (if applicable):

Parent/guardian signature: _____

Date: _____