

SURREY PUBLIC SCHOOL BINAX TESTING-EMPLOYEE INFORMATION

You will be notified with test results either via cell phone or email, or both.

Employee Name:					
Employee Phone #:					
Employee Address:		City:		State:	
Zip Code:		County:			
School:					
Date of Birth: (MM/DD/YYYY)					
Race/Ethnicity:	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> American/Indigenous	<input type="checkbox"/> Black			<input type="checkbox"/> Other/Unknown
	<input type="checkbox"/> White	<input type="checkbox"/> Unknown			

CONSENT

By signing below, I attest that:

- A. I authorize the District to conduct collection and testing of me for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that I must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand the District is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I shall seek medical advice, care, and treatment from my medical provider if I have questions or concerns, or if their condition worsens.
- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
- E. I understand that my test results and information will be disclosed to the appropriate public health authorities as required by law.
- F. I understand that I may be tested at multiple times during the 2020-2021 school year.
- G. I understand that this consent form will be valid through June 30, 2021, unless I revoke such consent in writing.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. 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 testing for COVID-19.

Signature of Employee:		Date:	
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Disclaimer

The District shall take reasonable precautions for the safety of all students. Neither the test administrator, the District nor its employees are liable for any accidents, injuries, or other damages that may occur to your child or you arising out of or in any way connected to this consent or the administration, evaluation, results of the BinaxNOW rapid antigen test for the COVID-19 virus.