

Opt-in form for students participating in the at-home antigen test program

- ❖ Both vaccinated and unvaccinated individuals are strongly encouraged to opt-in

Individual Information:

Parent Guardian Information

Parent/Guardian Information
Parent/Guardian Print Name:
Parent/Guardian Email Address:
Student Information
Student Print Name:
Student's Grade Level:
Student's School Name:
Opt-in
<input type="radio"/> YES, I opt-in my student to participate in the at-home antigen test program (<i>Please read and sign form below</i>)
<input type="radio"/> NO, I do not opt-in my student to participate in the at-home antigen test program (<i>No further action needed</i>)

Opt-In Stipulations:

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to opt into the at-home antigen testing program:

- ❖ Opt-in: I understand that my school district will provide the at-home antigen tests to only those students, vaccinated or unvaccinated, who opt-in.
- ❖ Training: I understand that my school district will provide the prerequisite at-home antigen test administration training materials, including instructions on when tests should be taken, to me. I agree to take this training prior to administering the test on my child.
- ❖ Test distribution: I understand that at-home tests will be given to my student to take home every two weeks. I understand that each test kit contains two individual tests, and I will administer the test on my student on Tuesday evening or Wednesday morning.
- ❖ Reporting test results: I understand that if my student tests positive, I will report the positive test result to my student's school and my healthcare professional. I understand the school will keep any reported test results confidential and individual results will not be made public.
- ❖ Voluntary participation: I understand that opting into the at-home antigen test program is optional and that I can choose not to participate at any time. To cancel this opt-in for the at-home antigen testing program, I need to contact Mrs. Carol Sanborn, our school nurse at nurse@methuencatholic.org.

I, the undersigned, have been informed about the at-home antigen test program, procedures, and I have received a copy of this opt-in form. 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 opt-in to this program for my student.

Signature of Parent/Guardian: _____

Date: _____