

BOMUSD COVID-19 TESTING PROGRAM

Dear Parent/Guardian:

We are working diligently to help keep you informed about COVID-19 in our schools. In the event that a member of your child's classroom tests positive for covid-19, and if your child is identified a close contact after contact tracing, your student may be offered a test for covid-19 while attending school.

Your student may continue to attend school in the event of an exposure, provided they meet four criteria and continue to meet this criteria:

1. They must be symptom free;
2. Continue to wear their face mask where required on campus;
3. Get COVID-19 tested twice weekly during the 10 days they last had close contact and;
4. Follow California and El Dorado County Departments of Public Health guidelines pertaining to extracurricular and community activities during the 10-day period.

CDPH Guidance

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>

BLACK OAK MINE UNIFIED SCHOOL DISTRICT

COVID-19 TESTING CONSENT AND RELEASE

On behalf of myself and my minor child, I understand that Black Oak Mine Unified School District, in coordination with El Dorado County Department of Public Health (ECDPH), is offering onsite testing for SARS-CoV-2, the virus that causes COVID-19, to its students, for purposes of school and workplace safety and compliance with guidance related to participation in extra-curricular activities. I understand that testing through this program will require no out-of-pocket expense, is voluntary and is intended to mitigate the direct threat of a COVID-19 spread in my school, at school connected events or extracurricular events my minor child may participate in.

I hereby provide consent for my child to undergo sample collection and testing administered on behalf of the District. The testing procedure will generally be as follows: (1) Covid-19 specimen collection (lower nasal) will be available at the school collection site; (2) After collection, the specimen is processed by District staff. (3) Appropriate privacy and sanitary measures are in place to provide a safe collection environment.

On behalf of myself and my minor child, I acknowledge that it is my responsibility to inform the person conducting the test if my child has a physical or mental condition that will interfere with the test procedure or if my child requires some type of assistance or accommodation to undergo the test. On behalf of myself and my minor child, I authorize and consent to the District disclosing my COVID-19 test results to the ECDPH as well as the California Department of Public Health. I understand that my results will only be disclosed to those employees within the District who have a business need to know such results for purposes of school and workplace safety, compliance with testing protocols and/or to avoid

transmission of COVID-19 at District schools, school connected events or extra-curricular events. Except as set forth in this document, or as otherwise required by applicable law, I understand that my child's COVID-19 test results will remain confidential.

If my child tests positive for COVID-19, I understand that my child will be asked to immediately leave District property and that I will immediately need to arrange for pick-up of my child. I will be asked to follow any applicable guidelines issued by the CDC, the State of California, and/or any local department of public health before allowing my child to return to school.

By signing below, I acknowledge that I have fully read and understand the above COVID-19 Consent and Waiver and am voluntarily signing it and agreeing to all its terms. I further acknowledge and agree that I have had an opportunity to ask any questions about this form before signing it.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the District to use and/or disclose all results of SARS- CoV-2 testing administered to me to Black Oak Mine Unified School District and specific school authorized parties ;collectively "Recipients" . The purpose of the authorized use or disclosure of my testing results is to facilitate safety with the Recipients and aid the Recipients in evaluating and responding to COVID-19 risks to my child and other students and staff. I understand that:

- On behalf of myself and my minor child, I have the right to revoke permission for the release of my child's testing information at any time. The revocation must be made in writing to the District and will not affect information that has already been used or disclosed. In the event I revoke permission for the release of my child's testing information to BOMUSD, my student's ability to participate in extracurricular events or activities where guidance from State and/or local authorities otherwise requires testing for SARS-CoV-2, will cease.
- This authorization is in effect for the duration of the District's COVID-19 testing program and will end automatically when the District ceases its on-site COVID-19 testing program.
- I have the right to receive a copy of this authorization.

Student Name	Parent Name	School Site

Parent Signature _____

Date: _____

For District Use Only

<i>Test #1 Test Date Time Test Result</i>	<i>Test #2 Test Date Time Test Result</i>