



**Millinocket School Department
Nursing Services**

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Granite Street School seeks to maintain a safe environment for employees, students, their families, and the community. This consent form provides Granite Street School permission to perform a COVID-19 screening test for your student at school. By signing below, you are indicating that you voluntarily consent to this screening. Testing will be done once the student has been assessed for symptoms and the test is deemed appropriate by the school nurse or trained personnel.

COVID-19 Test Information Statement: The nasal swab test may be collected by self-swab or by a trained staff member. The specimen collected for a rapid Abbott BinaxNOW test gives results in approximately 15-20 minutes. The school will communicate the results to you and will share instructions on the next steps. The test results will be shared with the Maine CDC for public health reporting.

Section 1: Information (please print):

Student's Name (Last):	(First):	(M.I.):	Date of Birth:
Address:	City:	Zip Code:	Phone Number:

Section 2: Consent:

I have read or had explained to me the **COVID-19 Testing Information Statement** (above), and have had the opportunity to seek answers to my questions about the risks and benefits of this test.

- I **consent** to my student receiving a Rapid BinaxNow Ag COVID-19 test administered by the school nurse or trained personnel if my student becomes symptomatic during the school day or if the school is offering screening tests for COVID-19. (If this consent form is not signed, then your student will **NOT** receive the test).

Signature of Parent/Legal Guardian: _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

Date Test Administered	Name and Title of Person Completing Test