

# Wamego USD 320 COVID-19 Testing Information

A robust COVID-19 testing strategy supports safe, in-person learning and activities while providing another layer of protection for students, teachers, and staff. Testing is part of a comprehensive strategy to quickly identify infection and prevent it from spreading in the school. The Wamego schools are not required to conduct COVID-19 testing, but is doing so as a free service for our school community.

*A person will be tested for COVID-19 only with documentation of consent from the person's parent or legal guardian.*

## **Test-to-Know: Symptomatic — Diagnostic Testing**

**USD 320** will follow our normal processes for identifying and isolating students who are demonstrating symptoms of illness. If symptoms are consistent with COVID-19, the staff/student can be tested at the USD 320 Covid Test Site via an antigen or PCR COVID-19 test (if available).

- For staff/students with COVID-19 symptoms, if the antigen test is *positive*, the test can be interpreted as a true positive, which indicates the person is infected with COVID-19.
- For staff/students with COVID-19 symptoms and the antigen test is *negative*, a false negative cannot be ruled out. A PCR test is required for confirmation.

## **Test-to-Stay**

In addition to Testing-to-Know, the Wamego Schools will participate in a modified in-school quarantine option. It is called Test-to-Stay because it provides a way for students to safely continue to attend school and participate in activities while in quarantine, thereby supporting academic success and social/emotional health. To participate, the staff/student must meet eligibility criteria, and parents must consent for the student to wear a mask when indoors, for the duration of the quarantine. The student will not be in close contact with other students or staff at school until a negative test result is known. This includes riding the bus and carpooling. Those who do not consent to participate in the testing program will complete quarantine at home.

**USD 320 Covid Testing Center  
1004 Poplar St.  
785-458-7833**

**Monday-Thursday 7:00 am- 1:00 pm DRIVE UP testing; 1:00 pm- 3:00 pm APPOINTMENT ONLY  
testing**

**Friday 7:00 am- 1:00 pm  
Closed when USD 320 District Offices are closed**

# Wamego USD 320 COVID-19 Testing Consent Form

The purpose of this Wamego USD 320 COVID-19 Testing Consent Form is for staff, parents, or legal guardians to consent to COVID-19 testing for the listed individual.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Please carefully read and sign the following informed consent for COVID-19 testing

- A. I understand the COVID-19 testing options available to myself/my child and authorize **USD 320** to conduct specimen collection and testing for COVID-19 for myself/my child through a nasal swab collection as ordered by an authorized medical provider or public health official.
- B. I understand and agree that in order to participate in Test-to-Stay modified quarantine, I/my child must wear a mask when indoors at school for the duration of the modified quarantine. When a specimen is collected for testing at the USD 320 Covid Test Site, the school district will notify me of the test results via my contact information provided on this consent form using non-secure methods (email, etc.), and I understand the risks involved.
- C. I authorize the test results to be disclosed to the school district Point of Contact in collaboration with the Pottawattamie County Health Department and Kansas Department of Health and Environment. The USD 320 Covid Testing Center complies with the The Family Educational Rights and Privacy Act (FERPA) requirements in keeping testing records and results confidential, stored in a secure manner apart from the student or employee file, with limited access to the above listed entities.
- D. I acknowledge that a positive test result is an indication that I/my child must self-isolate to avoid infecting others for a minimum of 5 days.
- E. I understand that USD 320 is not acting as a medical provider, this testing does not replace treatment by a medical provider, and I will seek medical advice, care and treatment from a medical provider if I have questions or concerns.
- F. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result and that USD 320 will collaborate with the Pottawatomie County Health Officer for testing guidance and recommendations as needed.

I, the undersigned, have been informed about the test(s) purpose, and voluntarily agree to be tested for COVID-19.

## AUTHORIZATION/CONSENT TO TEST FOR COVID-19

I authorize the above listed individual to participate in COVID-19 testing at school for the duration of the 2022-2023 school year:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Staff/Parent/Guardian Signature)**