Saint Paul City School is offering onsite "rapid" COVID-19 antigen testing for symptomatic students. If a student or staff member develops symptoms during the school day, a BinaxNOW rapid test is a way to find out if COVID-19 is present. This is a convenience service to help families with testing and notification of any positive or negative results in a very timely manner.

Even if the individual tests negative, those with symptoms of illness should return home until symptoms improve and they have been fever-free for 24 hours.

Information on test accuracy and any risks or side effects is available in the manufacturer's instructions. Refer to the FDA fact sheet: BinaxNOW™ COVID-19 Ag Card Instructions for Use (www.fda.gov/media/141570/download).

By signing this form, I acknowledge:

1. Students are NOT required to participate in testing, but may choose to do so voluntarily with appropriate consent on file.

2. Students who are 18 years of age and older may provide their own consent for testng. For students under 18 years old, a parent or legal guardian's written permission is required (below).

3. Testing is only performed by trained personnel. The nasal swab will only be inserted to the "mid-nare".

4. Results are shown on the test in approximately 15 minutes after the sample is applied. Results are shared directly with the student and relayed to the parent/guardian via phone call or email.

5. Privacy of results is paramount. Results are private health information and only shared with others with a "need to know" at the school. By law, schools must report lab results and cases to the Minnesota Department of Health (MDH) (www.revisor.mn.gov/rules/4605.7050).

6. By signing below, I am certifying that I understand the above, I have had an opportunity to review and ask questions about the FDA fact sheet: BinaxNOW™ COVID-19 Ag Card, I do not have any further questions at this time, and wish to participate in the school's COVID-19 testing program.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____