



Grenada School District
Education, Training, Dreams

253 South Main - P.O. Box 1940
Grenada, Mississippi 38902-1940
662-226-1606

Parental Consent Form
Mississippi COVID-19 Testing Program
(for K-12 Students)

Dear Parent/Guardian,

Your child's school district is partnering with the Mississippi State Department of Health (MSDH) to offer voluntary school-based COVID-19 screening (testing) for students. The screening tests (BinaxNOW antigen tests) are rapid tests provided to the school district by MSDH and produce results within 15 minutes. ***There is no cost to you or your family for these screening tests.***

The purpose is to provide an additional layer of prevention to slow the spread of COVID-19 in school settings and in extracurricular activities.

The screening program is only for vaccinated and unvaccinated students who *do not have symptoms* (students with symptoms should be evaluated by their primary care provider). The test uses a simple collection procedure by inserting a swab a short way in the nose, and it is well tolerated.

All results will be reported individually by name and in aggregate form to MSDH. Results will be provided to parents. Students who test positive will be excluded from the school setting and participation in school-sponsored activities for 5 days from the date of the test, as long as they have no symptoms. Students with a positive rapid test who have a negative molecular-based COVID-19 test (i.e., PCR) within 48 hours of the rapid positive do not require further exclusion and may return to the school setting. This only applies to molecular based tests and does not include an additional rapid antigen test or antibody tests.

Additionally, students who are identified as contacts to a case will not require exclusion from school for quarantine if they receive testing on day 5 or 6 and remain asymptomatic. At the end of 5 days, they will be allowed to return to school on day 6 and no longer require additional testing. The last date of contact or the date of a positive test is considered day 0.

If you wish for your child to participate in this program, please complete the attached consent form.

Student Name (please print):

School Name:

Grade:

As the parent/legal guardian of the above-named child, I hereby authorize my student's school nurse to administer weekly COVID-19 screening/testing to my child. I understand that this authorization extends inclusively from the date of my signature through **July 31, 2022**. I understand that these weekly screenings are free, and I will be notified by the school/school district of my child's COVID-19 test results.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Today's Date

For questions or concerns regarding your child's results, please contact your student's school nurse. School screening testing is supported by the Mississippi State Department of Health (MSDH).