



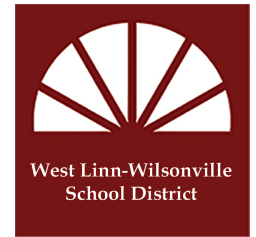
Test to Stay Protocol

A 5-Step Process for Parents and Families

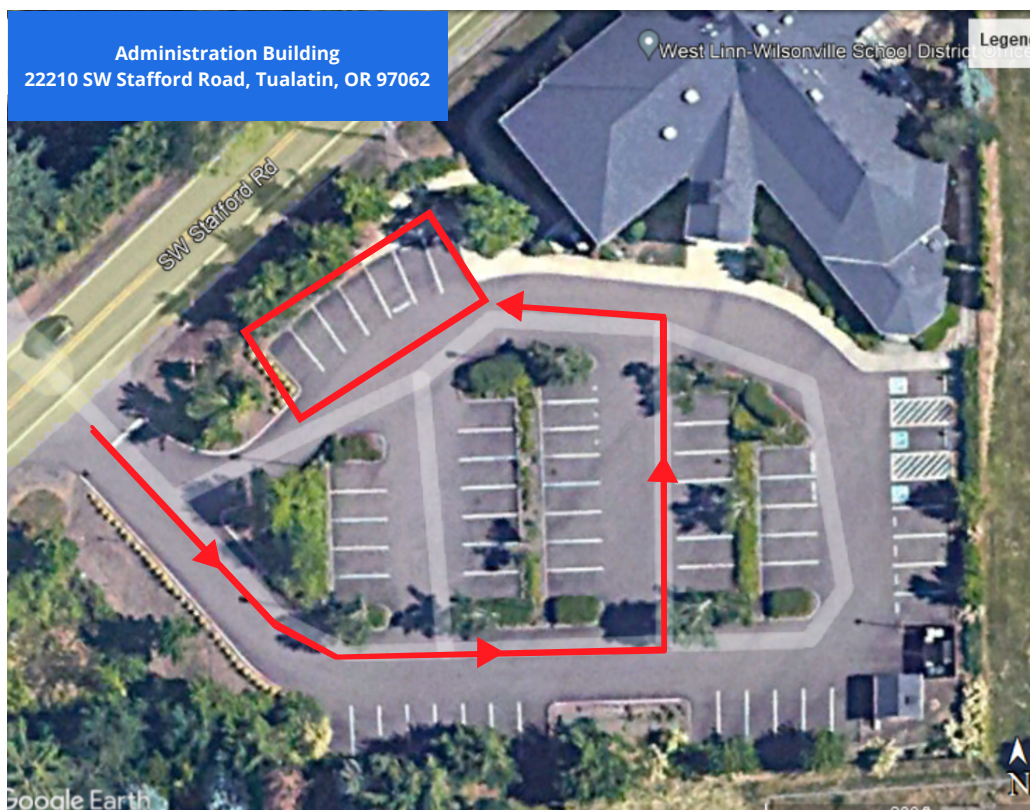
1. The school notifies you that your child is a close contact of a known positive COVID-19 case while in school.
2. The family has provided consent for COVID-19 testing and agrees to follow test to stay requirements, which include quarantining outside of school and wearing a mask when participating in extracurricular activities.
3. Your child is tested for COVID-19 at the school testing site.
4. If COVID-19 test results are:
Positive - your child must immediately isolate at home
Negative - your child may continue to attend school as long as they do not have or develop COVID-19 symptoms.
5. Your student will test twice within a 7-day period. Testing is recommended immediately after being identified as a close contact and again 5-7 days after exposure.

It is important to remember that **if your child is vaccinated and exposed to COVID-19, they do not have to quarantine or be tested**. When your unvaccinated child is exposed at home or during extracurricular activities where masking is optional, the test to stay protocol is not an option.

COVID-19 Testing Site Instructions



- Arrive at the District Office between 8:30 - 11:30 am; 22210 SW Stafford Road, Tualatin, OR 97062.
- When you arrive, follow the map to park in an available COVID-19 Testing Spot.
- If a spot is not yet available, please wait in your car until one of the COVID-19 Testing Spots becomes available.
- When you pull into a spot, **please call 503-673-7093**. A staff member will ask for the space number you are parked in.
- A Testing Administrator will greet you at your car to take the completed paperwork for testing. Please have it with you when you arrive.
- The Testing Administrator will confirm who the student/staff member is and the date of exposure.
- The Testing Administrator will provide a testing swab and walk you through how to self-administer the collection test.
- Samples must be collected by the individual or their parent/guardian. The Testing Administrator is not able to administer the test.
- Results will be ready after 15 minutes.



COVID-19 General Consent Form

To be completed by student parent or guardian

Parent/Guardian Information *(You will be notified with test results.)*

Parent/Guardian print name:	
Parent/Guardian mobile number:	
Parent/Guardian email address:	

Student information

Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	

Consent

By completing this form and returning it to my school, I confirm that I am the parent or guardian of the student(s) listed above, and that I consent to allow for my student to be tested for COVID-19 during the 2021-2022 academic school year by providing either a shallow nasal swab or a saliva sample. COVID-19 testing may be offered to students in three circumstances: (1) if my student(s) develop(s) new symptoms of COVID-19 while at school; (2) if my student(s) is exposed to COVID-19 in a school group and the local public health department recommends testing; (3) once a week screening testing for COVID-19. I understand that I may consent to any or all types of testing.

I understand that COVID-19 testing for the student(s) is optional and that I may refuse to give consent, in which case, my student(s) will not be tested. I understand that my student(s) must stay home from school if feeling unwell.

I understand that an independent laboratory acting on behalf of my school will conduct the weekly screening testing. I understand that in order for weekly screening testing to be performed at an independent laboratory, certain personal information regarding my student(s) will need to be communicated to the laboratory for purposes of administering the program, and only to the extent necessary to administer the program, including student name, date of birth, and school cohort.

I understand that the Oregon Health Authority (OHA) has ordered these tests. I understand that neither OHA or the school is acting as my student's healthcare provider and this testing does not replace treatment by my student's healthcare provider, and I assume complete and full responsibility to take appropriate action regarding the

COVID-19 General Consent Form

Consent

student's test results. I understand that it remains my responsibility to seek medical advice, care and treatment for my student(s) from their healthcare provider.

I understand that there is a possibility of false negative COVID-19 test results and that my student(s) could still be infected with COVID-19 even if the test result is negative. I also understand that if my student(s) tests positive for COVID-19, the test result will be reported to the local public health authority as required by law.

Personal health information will not be released without written consent except when required by law.

- ☐ I give permission for school staff to test this student(s) for COVID-19 if new symptoms develop at school.
- ☐ I give permission for school staff to test this student(s) if they are exposed to COVID-19 within their school cohort and testing is recommended by the local public health authority.
- ☐ I give permission for my student(s) to participate in weekly screening testing for COVID-19.

Signature of Parent/Guardian

Date

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhsosha.state.or.us. We accept all relay calls or you can dial 711.