



PENN·HARRIS·MADISON

SCHOOL CORPORATION

Dear Parent or Guardian,

The Penn-Harris-Madison School Corporation considers the health and safety of our school community as a top priority. As such, we are piloting a voluntary COVID-19 walk-up testing clinic. **If a student, teacher, or staff member is symptomatic or quarantined due to exposure, they may receive a free BinaxNOW rapid antigen test for the COVID-19 virus.** This program uses Abbott Laboratories BinaxNOW tests provided by the federal government.

Who can be tested?

- Symptomatic students, teachers, and staff within the first seven (7) days of symptom onset.
- For close contacts to discontinue quarantine. May be used to test on days 5, 6, or 7 to be considered for early return to school with enhanced precautions on day eight (8) if symptoms are resolved.

The test *cannot* be used to:

- Allow close contacts to return to school prior to day eight (8)
- Serve as proof of negative COVID status to allow participation in extracurricular activities
- Apply to symptomatic students, teachers, or staff greater than seven (7) days past symptom onset

Where can they be tested:

- The walk-up clinic will take place at the **P-H-M Bank Locker Room Building** located on the corner of Bittersweet and McKinley Hwy (US20) near Penn High School. Parents and staff should enter off McKinley Hwy.
- The clinic will be open when school is in session on **Mondays and Wednesdays from 7:00 am – 9:00 am. No appointment is necessary.** This will begin on Monday, November 1st.
- We will only test a student accompanied by a parent/guardian. Please bring the completed consent form to the clinic at the time of testing. Students or staff electing to participate in testing should plan to quarantine following the test until results are received.



What happens after I receive my results?

All results should be shared with your child's health care provider. Your health care provider should serve as the primary source for instructions related to a safe return to school. The following [Indiana Department of Health guidelines](#) are provided for your information.

COVID-19 Guidance

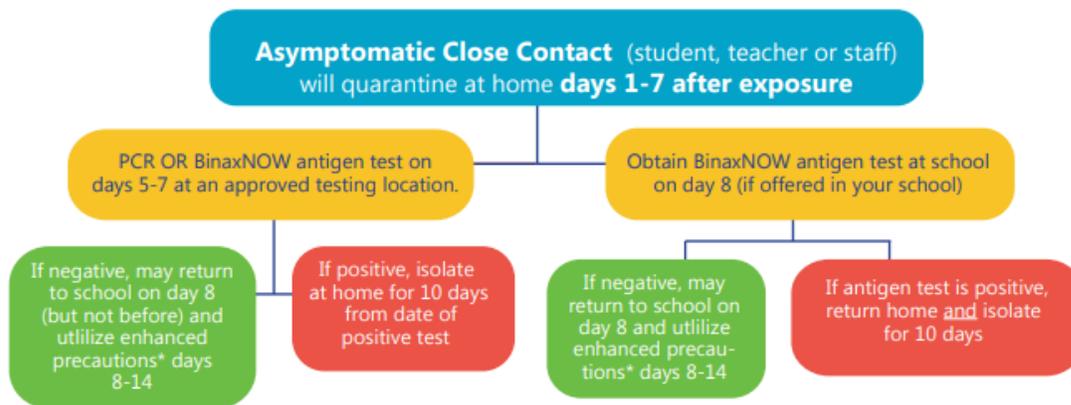
Return from Quarantine Options



The Centers for Disease Control and Prevention (CDC) and the Indiana Department of Health (IDOH) continue to recommend quarantine for a full 14 days and recognize that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the COVID virus. CDC and IDOH will continue to evaluate and update guidance and recommendations as necessary. Other than a full 14-day quarantine, there are two other options available for schools.

Option 1 - Return on day 11 after 10 days of quarantine-no testing required to return to school.

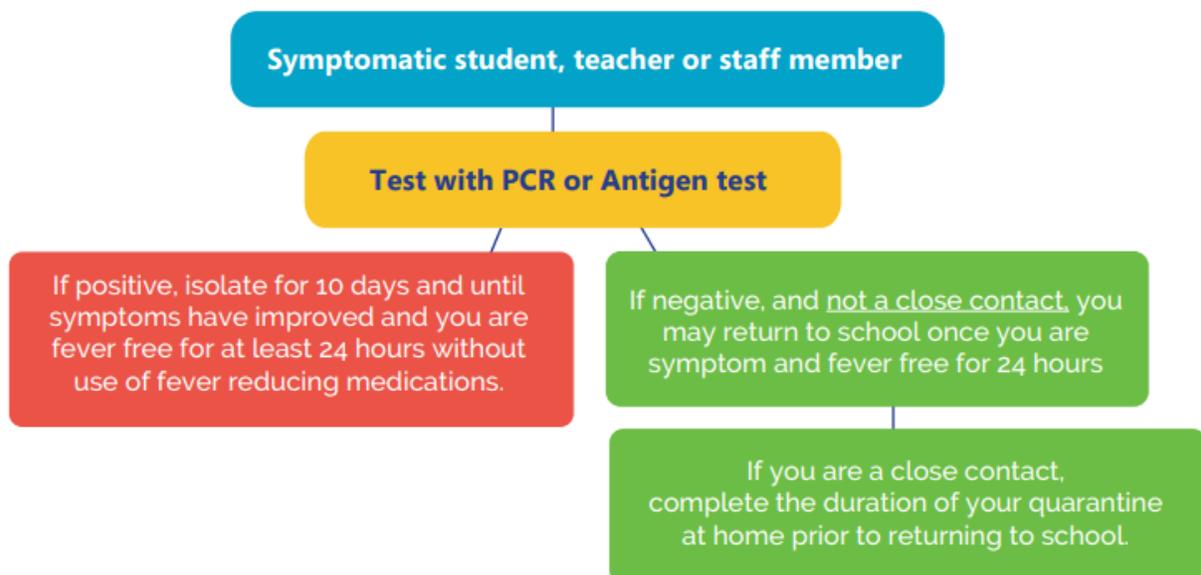
Option 2 - Return on day 8 after 7 days of quarantine-this option requires testing. **See algorithm.**



When returning prior to day 15

Individuals must monitor daily for symptoms and isolate and obtain a COVID test should symptoms develop through day 14
Individuals must follow enhanced precautions through day 14

Symptomatic Algorithm



Information related to **P-H-M's COVID protocols and procedures** can be found in the [Health & Safety Overview document](#). In addition, we are dedicated to providing accurate and transparent information regarding COVID-19 positive cases through our [dashboard](#).

Collecting a specimen for testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. This service will be performed by a St. Joseph Health System Nurse who has been trained to use this test and will collect the specimen. Test results will be made available to the parent/guardian who signs the form below. The results will be sent via text message and/or email within 24 hours of the test. The tests are being offered in addition to existing safety protocols such as mask-wearing, social distancing, and frequent disinfection of surfaces.

STUDENT CONSENT FORM FOR OPTIONAL COVID-19 TESTING

Known Symptoms:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

This list does not include all possible symptoms.

Disclaimer:

While we realize precautions will be taken for the safety of students, please understand that neither the test administrator nor the Penn-Harris-Madison School Corporation nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child as a result of agreeing to the test.

2020-21 P-H-M VOLUNTARY COVID TESTING PROGRAM

TO BE COMPLETED BY PARENT, GUARDIAN OR ADULT STUDENT

Parent/Guardian Information

You will be notified with test results either via cell phone or email, or both.

Parent/Guardian Print Name:	
Parent/Guardian Cell/Mobile #: <small>Note: results will be texted to this cell #</small>	
Parent/Guardian Email Address:	

Child/Student Information

Child/Student Print Name:			
School ID #:			
Driver's License #: <small>(if applicable)</small>			
Street Address:	City:		State:
Zip Code:	County:		
School:		Grade Level:	
Date of Birth: <small>(MM/DD/YYYY)</small>		Age:	
Race/Ethnicity:	<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American/Indigenous <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unknown

CONSENT

By signing below, I attest that:

- A. I authorize the school system to conduct collection and testing of my child for COVID-19 by nasal swab.
- B. I acknowledge that a positive test result is an indication that my child must self-isolate and also continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care, and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens.
- D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits, and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

Signature of Parent/ Guardian:		Date:	
Signature of Student: <small>(if age 18 or over or otherwise authorized to consent)</small>		Date:	

Questions about testing? Please contact your school nurse or healthcare provider.