Quest Project COVID DeteCT Consent Form

No-cost school testing for unvaccinated students will maximize the longevity of in-person learning by quickly detecting, tracing, and isolating COVID-19 positive individuals. COVID-19 testing will help to lower the risk of transmission and allow more consistent access to in-person instruction for students. This consent form will cover the duration of Project COVID DeteCT.

What is the test?
The testing is an anterior-nasal swab test (a non-invasive swabbing of the lower nostrils) and takes only a few seconds to collect. This is a non-invasive collection method.

Will this information be shared?
This information will be shared only for public health purposes, which may include notifying close contacts of your child if they have been exposed to COVID-19, and taking other steps to prevent the further spread of COVID-19 in your school community. Sharing information about your child will only be done in accordance with applicable laws and city policies protecting student privacy and the security of your child's data.

Student Information Required	
Student Name:	**Date of Birth:**
Address:	**Sex:** ☐ Male ☐ Female ☐ Other
Race (optional): ☐ Asian ☐ Black/African American ☐ White ☐ Other ☐ Native American/Alaskan Native ☐ Other ☐ Native American/Alaskan Native ☐ Hawaiian/Pacific Islander ☐ Hawaiian/Pacific Islander	**Ethnicity (optional):** ☐ Hispanic/Latino ☐ Not Hispanic/Latino
School:	**Grade Level:**
Parent/Guardian Information: Required to be provided	
Parent/Guardian Name (Please Print):	**Parent/Guardian Phone #:**
Parent/Guardian Email:	

CONSENT

My child's local school district, in collaboration with the DPH is arranging for this testing and DPH is paying for this testing on my behalf. I hereby authorize Quest Diagnostics Incorporated and its subsidiaries and affiliated companies ("Quest Diagnostics") to disclose my protected health information ("PHI") as described in this Authorization to Transformative Healthcare, LLC, who is providing the prescriptive authority, the Connecticut Department of Public Health (DPH) and my child's school district. By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

- I authorize the collection and testing of a weekly pooled PCR or individual PCR molecular COVID-19 test on my unvaccinated child during school hours, through the Connecticut Department of Public Health and Connecticut State Department of Education Screening testing program.
- I authorize the collection and testing of any individual or pooled PCR test on my unvaccinated child.
- I understand that all sample types will be an anterior-nasal swab test (a non-invasive swabbing of the lower portion of the nostrils) and takes only a few seconds to collect.
- Regardless of test results, students MUST adhere to all COVID-19 school safety guidance, including mask-wearing and social distancing, and follow school protocols for isolating and testing in the event the student develops symptoms of COVID-19.
- I understand that my student must stay home if feeling unwell. I acknowledge that a positive individual test result is an indication that my student must stay home from school, self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others. Dates of isolation will be assigned by the district contact tracing team.
- I understand the school system is not acting as my student's medical provider, this testing does not replace treatment by my student's medical provider, and I assume complete and full responsibility to take appropriate action in regard to my student's test results. I agree I will seek medical advice, care, and treatment from my student's medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care my student receives from their healthcare provider.
- As the signer of this document, I also consent to receiving the results of the weekly swab from Transformative Healthcare, LLC, by email, text and if needed, automated voice call.
- I understand that authorizing these COVID-19 tests for my unvaccinated student is optional and that I can refuse to give this authorization, in which case, my student will not be tested.
- I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released.

Guardian Signature (required):	**Date:**