



Dear Parents/Guardians,

As we start to bring more students back to school, FCPS is taking many steps to keep our schools and community safe. Steps we are taking include: hand washing, physical distancing, and face coverings/masks.

In addition to these practices, FCPS will offer **free** in-school COVID-19 diagnostic testing and screening testing. In collaboration with the Virginia Department of Health, FCPS has chosen to participate in a COVID-19 testing pilot program. Rocky Run Middle School has been selected to participate in this program:

COVID-19 diagnostic testing will be offered to any student or staff member who has symptoms of COVID-19 during the school day. The purpose of this testing is to identify cases as soon as we can and take steps to protect others within our schools and the community. **Participation is voluntary.**

In accordance with the current FCPS protocol, the symptomatic student will be sent home, regardless of a negative test result. The student will wait in the Care Room and the school will notify the parent/guardian. The student must be picked up within one hour. For the student to return to school, a [Sick Student Notification and Return to School Form](#) must be completed by a health care provider and returned to the school.

COVID-19 screening testing will be offered to students only. Screening testing involves testing a group of asymptomatic individuals on a regular basis. Our goal is to proactively identify infected people who may be contagious as early as possible so that we can take steps to keep the virus from spreading. In many people, COVID-19 has no symptoms and people may not realize they are infected and contagious. Screening testing is most successful when a large portion of the community participates. We are asking you to strongly consider allowing your student to participate in this pilot program. A small sample of students will be randomly selected every week for testing. **Participation is voluntary.**

If a student's **screening** test result is positive, the student will wait in the Care Room and the school will notify the parent/guardian. The student must be picked up within one hour. For the student to return to school, a [Sick Student Notification and Return to School Form](#) must be completed by a health care provider and returned to the school.

The Virginia Department of Health provided FCPS with the Abbott BinaxNOW antigen test. A trained testing team member will swab the front of the student's nostril. The student will stay with the staff member for the test result which takes about 15 minutes.

If your student feels ill or has symptoms of COVID-19 prior to the school day, **please keep your student home.**

For your student to participate in the program, the attached consent form must be completed and returned to your school.

For further information, please refer to the [Frequently Asked Questions](#) document, which may answer many of your questions. If you have additional questions, please contact your student's school.



STUDENT COVID-19 IN-SCHOOL TESTING CONSENT FORM

Last Name:	First Name:	Middle Name:	Birth Date: ____/____/____
Address:	Street: City: State: Zip:		
Parent phone:	Parent email:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	
Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Stated		Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

By completing and submitting this form, I confirm that I am the appropriate parent/legal guardian to provide consent, and that I authorize the administration of a COVID-19 antigen test on my student during school hours, free of charge. I understand that authorizing a COVID-19 test for my student is optional and that I can refuse to give this authorization, in which case, my student will not be tested. I further understand that my student must stay home if feeling unwell prior to the school day.

Consent and Data Sharing (please initial):

_____ In the event my student shows symptoms of COVID-19, I authorize the administration of an Abbott BinaxNOW COVID-19 antigen test on my student. I understand that my student's test results will be reported to me and to the Virginia Department of Health, in accordance with state law.

_____ I authorize the administration of an Abbott BinaxNOW COVID-19 antigen test on my student as part of a COVID-19 screening testing program. I understand that my student's test results will be reported to me and to the Virginia Department of Health, in accordance with state law.

Authorized Signatory:

I understand that I can change my mind and cancel this permission at any time. To cancel this permission for COVID 19 testing, I need to contact [POC Name] directly at [Contact Info].

Signature of Parent/Guardian

Relationship to Student

Printed Name

Date