



CONSENT FORM 2

POSITIVE POOL INDIVIDUAL RE-TEST

Abbott BinaxNOW Antigen Test –Parent/Guardian Authorization for Student post Pool Testing

By completing and submitting this form, I confirm that I am the appropriate parent / guardian to provide consent, and that I authorize the administration of a COVID-19 antigen test to my child if he/she is part of a positive pool test performed by Haverhill Public Schools. 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.

Student Demographic Information:

Student's First Name: _____

Student's Last Name: _____

Student's Middle Name: _____

Student's address (street, city, zip code): _____

What is the student's date of birth? _____

What is the student's race? (Select all that apply):

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other
- Unknown

Is the student of Hispanic origin? (Select one):

- Yes
- No
- Unknown

What is the student's gender? (Select one):

- Male
- Female
- Transgender
- Unknown

Does the student have a disability? (Select one):

____ Yes

____ No

What is the student's primary language? _____

Parent/Guardian Information:

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

Parent/Guardian Address (if different than above): _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

Consent and Data Sharing (please initial)

_____ In the event my student shows symptoms of COVID-19, I authorize an administration professional, during school hours, to administer the Abbott BinaxNOW COVID-19 antigen test on my student. I understand that my student's test results will be loaded to Project Beacon, which will share them with the Massachusetts Department of Public Health in accordance with state law.

_____ I authorize the disclosure of my contact information to Project Beacon (a third party organization contracted to compile consent for testing and to share test results). I understand that along with test results Project Beacon will share my contact information with DPH. I also understand that I can create a user profile in Project Beacon that will notify me about test administration and test results. I agree that if I create such a user profile, I will only use the Project Beacon system for the purpose of accessing information, including test results, that I am legally allowed to access.

Authorized Signatory:

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. To cancel this permission for COVID-19 testing, I need to contact Project Beacon directly at (617) 741-7310.



Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Please print before you sign. We can not accept electronic signatures at this time.
If you would like a hard copy mailed to you, please contact the main office at (978) 374-5700.