

Harvard Public Schools

Employee/Student Over 18 Informed Consent Form Regarding Pool Testing for COVID-19

The Harvard Public Schools will be facilitating the screening of students and employees by CIC Health starting on or about January 4, 2021. Information about this screening is available at <https://covidsafeschools.org/> and <http://psharvard.org/>. Employees/Students over 18 in the Harvard Public Schools who want to participate in the COVID-Safe Schools Program should read the following Informed Consent and Release carefully before signing.

Employee/Student Over 18 Informed Consent and Release

Student Over 18 Name: _____

Employee Name: _____

Student Age: _____ Student Grade: _____

Employee Work Location: _____

I authorize the Harvard Public Schools to facilitate screening for COVID-19 by forwarding my nasal swap samples along with other samples to CIC Health for testing, and the Broad Institute analyze pooled samples for COVID-19, hereinafter referred to as “the COVID-Safe Schools Program”. I understand the Harvard Public Schools will not capture, store, or share other identifying health data as part of the COVID-Safe Schools Program and that CIC has represented to the Harvard Public Schools that it will not capture, store, or share other identifying health data. I acknowledge and agree that the Harvard Public Schools shall not be responsible for any actions or failures to act by CIC Health.

I authorize the test results from the COVID-Safe Schools Program to be shared with the Harvard Public Schools lead nurse or her designee. I understand the lead nurse/designee will contact the students/employees suspected as positive for COVID-19 to discuss appropriate follow-up testing. In the event a follow-up test is required, the Harvard Public Schools will provide an individual test through CIC Health.

Following a positive COVID-19 test result, I understand and agree that I will be required to quarantine for 14 days. I understand that Harvard Public Schools is not acting as my medical provider and I agree to seek appropriate medical care, as needed.

I acknowledge that my participation in the COVID-19 Pool Testing Program does not decrease my responsibility to comply with the policies and procedures of the Harvard Public Schools including physical distancing, mask wearing, hand washing, and staying home when sick.

I acknowledge and agree that Harvard Public Schools and the Town of Harvard are not responsible for administration of the COVID-Safe Schools Program or the COVID-19 test or for the accuracy or interpretation of the results and that I am not relying on Harvard Public Schools and the Town of Harvard to any extent in my decisions and actions based on the test and test results from the COVID-Safe Schools Program.

I agree to release and hold harmless the Town of Harvard, Harvard Public Schools and their elected and appointed officials, administrators, nurses, employees, agents, and insurers for all damages, liabilities, claims, costs, attorneys' fees, expenses, judgments, and causes of action arising out of or in any way connected to the COVID-Safe Schools Program and its COVID-19 tests and test results.

I acknowledge that I have received a copy (electronic or otherwise) of this Informed Consent Form and Release and that I have read, understood, and agree to the statements contained within it. I further acknowledge and agree that I have been informed about the test purpose and procedures. I acknowledge and agree that I have been given the opportunity to ask questions before I signed this consent form, and that I have been told that I can ask additional questions at any time.

I voluntarily agree to participate in the COVID-Safe Schools Program and to be screened for COVID-19 through the COVID-Safe Schools Program.

_____ Date: _____
Employee/Student Over 18 Signature

[Note: Authorization for continued COVID-19 screening may be revoked at any time by providing written and signed notice that the authorization for COVID-19 screening has been revoked to Colleen Nigzus, lead school nurse, at cnigzus@psharvard.org. Revocation becomes effective one calendar days after the Harvard Public Schools receives the written revocation.]