

## Harvard Public Schools

### Parent/Legal Guardian Informed Consent Form Regarding Pooled 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/>. Parents/legal guardians of students in the Harvard Public Schools who want their child to participate in the COVID-19 Pooled Testing Program should read the following Informed Consent and Release carefully before signing.

#### Parent/Legal Guardian Informed Consent and Release

Harvard Public School Student Name: \_\_\_\_\_

Student Age: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Name of Parent/Legal Guardian of Student: \_\_\_\_\_

I authorize the Harvard Public Schools to facilitate screening of my child for COVID-19 by forwarding my child's nasal swab samples along with other samples to CIC Health for testing, and the Broad Institute lab will analyze the pooled samples for COVID-19, hereinafter referred to as 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 Health 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 parent/guardian of students 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 facilitate an individual test done by CIC Health.

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

I acknowledge that my child's participation in the COVID-19 Pooled Testing Program does not decrease my child's 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 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 and my child 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 authorize my child who is a student in the Harvard Public Schools and whose name is above to participate in the COVID-Safe Schools Program and to be screened for COVID-19 through the COVID-Safe Schools Program.

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date:\_\_\_\_\_

[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, School Nurse at [cnigzus@psharvard.org](mailto:cnigzus@psharvard.org). Revocation becomes effective 1 calendar day after the Harvard Public Schools receives the written revocation.]