

**MMCV, INC.**

**COVID-19 TESTING**

We are seeking your consent to test your child for COVID-19 infection. MNPS has partnered with Meharry Medical College through MMCV, Inc. to test students, teachers, and staff members for COVID-19 infection.

**How often would you test my child?** Provider testing partners will come to every school to test some of the students and staff. If you consent, your child may be selected for testing on one or more of these occasions. Your child may be tested if the rate of infection at your child’s school or in the city makes it necessary or if they exhibit one or more symptoms of COVID-19, or if they are a close contact of a student, teacher, or staff person with COVID-19 infection.

**What is the test?** If you consent, your child will receive a free diagnostic test for the COVID-19 virus. There are two types of tests: a rapid test that will provide results within 15 minutes or a PCR test that will be sent to a lab, with results typically received within 24-48 hours. Collecting a specimen for testing involves inserting a small swab, similar to a Q-Tip, into the front of the nose and/or collecting saliva (spit).

**How will I know if my child tests positive?** After a positive rapid test, an MMCV employee will communicate with school administration and you will be notified through MNPS.

**What should I do when I receive my child’s test results?** If your child’s test results are positive, please contact your child’s doctor immediately to review the test results and discuss what you should do next. You should keep your child at home and inform your child’s school. If your child’s test results are negative, this means that the virus was not detected in your child’s specimen. Tests sometimes produce incorrect negative results (called “false negatives”) in people who have COVID-19. If your child tests negative but has symptoms of COVID-19, or if you have concerns about your child’s exposure to COVID-19, you should call your child’s doctor.

**NOTIFICATION OF INFORMATION SHARING**

The law allows some information about your child to be shared with and among certain Nashville and Tennessee agencies. 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. Information about your child that may be shared with these agencies and service providers conducting COVID-19 Testing includes your child’s name and COVID-19 test results, date of birth/age, gender, race/ethnicity, school name(s), teacher(s), classroom, enrollment and attendance history, and afterschool or other program participation, names of other family members or guardians, address, telephone, mobile number, and email address. Sharing of information about your child will only be done so in accordance with applicable law and City policies protecting student privacy and the security of your child’s data.

**TO BE COMPLETED BY STUDENT OR PARENT / GUARDIAN**

**Parent/Guardian Information**

*You will be notified of test results, either via phone, or email.*

<b>Parent/Guardian Print Name:</b>	
<b>Parent/Guardian Cell/Mobile #:</b> <small>Note: results will be texted to this cell #</small>	
<b>Parent/Guardian Email Address:</b>	

**Child/Student Information**

<b>Child/Student Print Student Name:</b> <b>MNPS Student ID #</b>	
<b>School:</b>	<b>Grade :</b>
<b>Date of Birth:</b> <small>(MM/DD/YYYY)</small>	<b>Age:</b>

## CONSENT

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student named above.
- I consent for my student to be tested for COVID-19 infection.
- I understand and consent for my student to be tested at multiple times throughout the school year, no later than June 30, 2021 and that testing may occur (1) on days scheduled by MMCV staff, or (2) if they exhibit one or more symptoms of COVID-19, or (3) if they are a close contact of a student, teacher, or staff person with COVID-19 infection.
- I understand that this consent form will be valid through June 30, 2021, unless I notify the COVID Operations Officer at my student's school in writing that I revoke my consent.
- I understand that my student's test results and other information may be disclosed as permitted by law.
- I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my student" refer to me and I may sign this form on my own behalf.

- A. I hereby release and hold harmless the Metropolitan Government of Nashville and Davidson County, Meharry Medical College, MMCV, Inc and its subsidiaries, from any and all claims of any kind whatsoever that may arise from the testing of my student.
- B. I understand that the student **must** stay home if he/she is feeling unwell. I acknowledge that a positive test result is an indication that the student cannot attend in-person learning or activities sponsored by MNPS, must self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- C. I understand that the COVID-19 testing does not replace treatment from a medical provider. I assume complete and full responsibility to take appropriate action with regards to the student's test results.
- D. I agree that I will seek medical advice, care and treatment from a medical provider for the student if I have questions or concerns, or if the student's condition worsens. I understand I am financially responsible for any care received from a healthcare provider.

I, the undersigned, have read and fully understand what I am signing. I have been informed about the COVID-19 test purpose, procedure, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions and consult with anyone I choose, including an attorney or physician, before I sign. I have been told that I can ask additional questions at any time. I voluntarily agree to allow the above mentioned student to be tested for COVID-19 and understand this release of liability. I am a student who is 18 years of age or older; or the authorized parent or guardian for the above named student.

<b>Signature of Parent/ Guardian:</b>		<b>Date:</b>
<b>Student Signature (18yrs/older):</b>		<b>Date:</b>

OFFICE USE ONLY:

Consent form received by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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