

FALL RIVER PUBLIC SCHOOL

417 Rock Street, Fall River, MA 02720

Maria Pontes, Superintendent

Karen A. Long, Director of Nursing

Opt-in form for students participating in the at-home antigen test program

- Both vaccinated and unvaccinated individuals are strongly encouraged to opt-in.

Parent/Guardian Information	
Parent/Guardian Print Name:	
Parent/Guardian Email Address:	
Student Information	
Student Print Name:	
Student's Grade Level:	
Student's School Name:	
Opt-in	<input type="checkbox"/> Yes, I opt-in my student to participate in the at-home antigen test program (please read and sign form below) <input type="checkbox"/> No, I do not opt-in my student to participate in the at-home antigen test program (No further action needed)

Opt-In Stipulations:

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to opt into the at-home antigen testing program:

- Opt-in: I understand that my school district will provide the at-home antigen tests to only those students or staff, vaccinated or unvaccinated, who opt-in.
- Training: I understand that my school district will provide the prerequisite at-home antigen test administration training materials, including instructions on when tests should be taken, to me. I agree to take this training prior to administering the test on my child.
- Test distribution: I understand that at-home tests will be given to my student to take home every two weeks. I understand that each test kit contains two individual tests, and I will administer the test on my student on each **Wednesday evening**.
- Reporting test results: I understand that if my student tests positive, I will keep my child home and report the positive test result to my student's school and my healthcare professional. I understand the school will keep any reported test results confidential and individual results will not be made public.
- Voluntary participation: I understand that opting into the at-home antigen test program is optional and that I can choose not to participate at any time. To cancel this opt-in for the at-home antigen testing program, I need to **contact my child's school**.

I, the undersigned, have been informed about the at-home antigen test program, procedures, and I have received a copy of this opt-in form. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily opt-in to this program for my student:

Signature of parent/guardian: (Needed for OPT-IN only): _____

Date: _____