

## Opt-in form for students participating in the At-home Rapid Antigen Test Program

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

Parent/Guardian Information	
<b>Parent/Guardian Print Name:</b>	
<b>Parent/Guardian Email Address:</b>	
Student Information	
<b>Student Printed Name:</b>	
<b>Grade Level:</b>	
<b>School Name:</b>	
<b>Opt-in</b>	<input type="checkbox"/> <b>Yes</b> , I opt-in my student to participate in the At-home Rapid Antigen Test Program <i>(please read and sign form below)</i>

By completing and submitting this form, I confirm that I am the parent, guardian, or legally authorized individual to opt-in to the At-home Rapid Antigen Testing Program:

- **Opt-in:** I understand that Springfield Public Schools will provide the at-home rapid antigen tests to **only** those students and staff, vaccinated or unvaccinated, who opt-in.
- **Training:** I understand that Springfield Public Schools will provide me at-home antigen test administration training materials, including instructions on when tests should be taken. I agree to take this training prior to administering the test to my student.
- **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.
- **Reporting test results:** I understand that if my student tests positive, I will report the positive test result to my student's school and my healthcare professional.
- I understand the school is required to keep reported test results confidential and that individual results cannot and will not be made public.
- **Voluntary participation:** I understand that the At-home Antigen Test Program is optional and that I can choose not to participate at any time. Should I wish to cancel my student's opt-in participation for the At-home Antigen Testing Program, I need to contact my student's school.

I, the undersigned, have been informed about the At-home Antigen Test Program. 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 the At-home Rapid Antigen Test Program for my student:**

Signature of parent/guardian/legally authorized individual: \_\_\_\_\_

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

