



# NEWMARKET

## School District

### COVID-19 Rapid Antigen Test Consent Form

The test involves a nasal swab that is used to determine the potential presence of COVID-19. The test will be collected by the school nurse. The specimen collected for a rapid test will have results in approximately 15 minutes. The school will share the results with the New Hampshire Department of Health and Human Services (DHHS) for public health reporting. The school will communicate the results to the parent/guardian or staff member following the test.

Students Name:		Grade:	
School:			
Race:	<ul style="list-style-type: none"><li>• American Indian or Alaska Native</li><li>• Asian</li><li>• Black or African American</li><li>• White</li><li>• Native Hawaiian or Other Pacific Islander</li><li>• Prefer not to answer</li></ul>	Ethnicity	<ul style="list-style-type: none"><li>• Not Hispanic or Latino</li><li>• Hispanic or Latino</li><li>• Prefer not to answer</li></ul>
Date of Birth:		Sex:	
Address:		City:	
State:		Zip code:	
Phone:		Alt.phone:	
Email Address:			

To complete COVID-19 testing, the patient or parent/guardian (for those under 18 or unable to sign a consent) consents to the release of their information to this school, ConvenientMD Urgent Care who is providing the Medical Director oversight of this test administration, and the NH Department of Health and Human Services. By signing this consent, the patient or parent/guardian consents to obtainment of specimen for Rapid Antigen COVID-19 testing at Newmarket Schools. Obtaining the specimen may cause side effects including but not limited to coughing, watering eyes, sneezing and discomfort.

By printing, signing, and dating below, you (Parent/Guardian or Staff member) give your consent to have you, or your child, tested at Newmarket School District SAU 31. This consent will not expire until June 30, 2022, or unless otherwise requested.

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

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