



SEDALIA SCHOOL DISTRICT #200

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Superintendent

Todd Fraley, Ed.D.
Assistant Superintendent

Chris Pyle, Ed.S.
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Director of K-5 Curriculum
Instruction & Assessment

Becky Brownfield, Ed.S
Director of 6-12 Curriculum
Instruction & Assessment

Bob Satnan, B.A.
Communications Director

Missouri Model District
www.sedalia200.org

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Pride Everyday**

Sedalia #200 is an equal
opportunity and affirmative
action employer

Voluntary Testing Consent & Acknowledgement Form for Sedalia #200 School District

A notice entitled "School Reporting of a Positive or Suspected COVID-19 Student or Employee" is available at the following link: <https://bit.ly/2IoRJFB>

BinaxNOW is an antigen test that detects the presence of the SARS-CoV-2, which is the virus that causes a COVID-19 infection, in about fifteen (15) minutes. The specimen for the test is collected via nasal swab. This test is completely voluntary and will not ever be administered unless this form is signed. As stated in the above notice, a positive result of this test will be immediately reported to the Local Public Health Agency ("LPHA") so that it can begin contact tracing and instituting appropriate disease control measures. The LPHA solely manages these efforts. Additionally, all test results will be shared with the Department of Health and Senior Services pursuant to state regulation.

BinaxNOW is currently only able to be administered to individuals suffering from symptoms consistent with an infection of COVID-19. A negative test result, however, may indicate that those symptoms are actually the result of a common cold, allergies, or a different illness. If symptoms consistent with an infection of COVID-19 develop or persist after a negative test result, consult with a healthcare provider or the appropriate LPHA to determine the best course of action.

Except as required by law, test results and testing information will be kept confidential by the school district, LPHA, and Department of Health and Senior Services.

Completing and signing this form serves as consent for the test to be performed on the named individual and is also an acknowledgment of the above statements as well as the content of the enclosed notice entitled "School Reporting of a Positive or Suspected COVID-19 Student or Employee." **If a student is symptomatic and district personnel believe a test should be administered, the parent/guardian will be called before any test is given to the student.**

CONSENT & ACKNOWLEDGMENT

Print name of student to be tested: Date: _____

Print parent / guardian name (if applicable): Signature of parent / guardian:
