

SCHOOL DISTRICT OF CRIVITZ

— HOME OF THE WOLVERINES —

•DISTRICT OFFICE/MIDDLE/HIGH SCHOOL•
400 SOUTH AVENUE
CRIVITZ, WISCONSIN 54114



•ELEMENTARY SCHOOL•
718 HALL HAY
CRIVITZ, WISCONSIN 54114

November 11, 2021

UPDATED

Dear Parents, Guardians and Students,

The Crivitz School District has been matched with a COVID-19 testing vendor through the Department of Health Services (DHS). Our District will have a COVID-19 testing clinic available for staff, students, and their immediate families. The clinic will be able to conduct rapid and/or PCR testing and will be testing at school daily from 7:00 a.m. - 4:00 p.m. The service provider has shared that their hope is to have the testing clinic up and running by November 17. The days and times are subject to change and we will be sure to make notifications based on the information available at the time. The testing clinic will be located at the Elementary School and can be accessed from the entrance on Louisa Street.

It is our hope that the availability of testing at school will save individuals who want to be tested time and money from having to travel to a different community to have testing done. It will also allow symptomatic students to be tested at school and possibly be back in class with a negative test result in just minutes rather than hours or days. We want to assure you that **NO TEST WILL BE ADMINISTERED WITHOUT CONSENT**. In order for an individual to be tested, a **Completed Consent Form AND Online Registration** <https://register.covidconnect.wi.gov/en-US/> are REQUIRED prior to testing (no walk-ins). A consent form is attached to this email. Please fill it out for your child and return it to his/her school. A separate consent form is required for each child.

Note: *At the end of registration, you will be asked to select a testing center. Type: 54114 and select "I'm being tested at non-public site". Once selected, a confirmation page will follow. Verify the email address provided so a QR code may be sent to you. That code will be required to be provided to the medical personnel at the time of the test.*

If you need assistance with registration, or to schedule an appointment, I would be happy to help.

Thank you,

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switt@crivitz.k12.wi.us

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District Administrator
P: 715-854-2721
F: 715-854-3755

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Kelly J. Robinson
Elementary School Principal
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Consent and Administration Record – CRIVITZ SCHOOL DISTRICT COVID-19 SCHOOL-BASED TESTING CONSENT

The Crivitz School District is using this form to receive your consent to test your child for COVID-19 and to share collected data with relevant authorities.

What is the test?

With your consent, your child will receive a free diagnostic test for the virus that causes COVID-19. Collecting a specimen for testing involves inserting a small swab, similar to a cotton swab, into both nostrils.

How will I find out about the results of the test?

If your child has a specimen collected for testing at school, you will be notified of the test result or informed of how the test result will be received (for example: by phone, text, or email).

What should I do when I receive my child's test results?

If the test is positive, this means that the virus was detected in your child's specimen. You will hear from your child's school or a trained professional about this test. You will be asked to pick up your child and you will be provided information about keeping your child home, following up with your health care provider, and when your child can return to school.

If your child's test results are negative, this means that the virus was not detected in your child's specimen at this time. You will be asked to follow the instructions provided by your child's school following this test result.

CONTACT INFORMATION – Completed by parent/guardian or student (if 18 years of age or older) – Please Print				
Student Last Name:		Student First Name:		MI:
Street Address:			City:	State: WI
Date of Birth (MM/DD/YYYY):			Age:	Student ID Number:
			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Transgender – Male to Female <input type="checkbox"/> Transgender – Female to Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender – Unspecified or Gender Non-Specific <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other _____				
Race: (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Prefer not to Answer <input type="checkbox"/> Other _____ <input type="checkbox"/> Multi-race				Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to Answer
Parent / Legal Guardian Last Name:		Parent / Legal Guardian First Name:		Phone Number:

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent that the school may notify my child of the test results.
- I consent for my child to be tested for COVID-19 when necessary and understand that my child may be tested multiple times.
- I consent for my child to be tested by school staff, contracted healthcare personnel, Local and Tribal Health Department staff, and/or other trained personnel as directed by the school. I understand that if my child is between the ages of 14-17, they will be asked to provide verbal consent to be tested.
- I understand that this consent form will be valid through June 2, 2022, unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- I understand that test results may be shared with the school, the ordering physician, county, and other local, state, and federal public health authorities, as well as other testing partners 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 child" refer to me and I may sign this form on my own behalf.

Visit the CDC's Coronavirus webpage for more information on the disease and keeping you and your family safe: www.cdc.gov/coronavirus.

SIGNATURE – Parent/guardian or student (if 18 years of age or older)

Date Signed