



Charting The Course



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Thomas Good, Jr. Vice Mayor
Charles F. Dodge, City Manager
Michael Castellano, Principal

Iris A. Siple, Commissioner
Jay D Schwartz, Commissioner
Angelo Castillo, Commissioner

Empowering Students for the Possibilities of Tomorrow!

The City of Pembroke Pines Charter Schools West Camus is offering a K-12 COVID-19 testing program for students. A trained Nurse or EMT will be onsite to test students if they present to the clinic with symptoms. **We will only test with your consent and it is completely voluntary. If you are willing to provide consent for us to administer this test please fill out this form.**

What is the test?

If your child has symptoms of COVID-19 or is part of a group that is designated for testing, if you consent, your child will receive a free test for the COVID-19 virus. Testing involves using a swab, similar to a Q-Tip, placed inside the tip of the nose. School health personnel who have been trained to use this test will collect the specimen and a trained COVID-19 test administrator will oversee the process. Test results will be made available to the parent/guardian who signs this form below. The results will be sent by text message and/or email and/or will be accessible through a web based portal and/ or website. This program is **entirely optional** for students, although we hope you choose to have the test to keep our schools as healthy and safe as possible.

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

If your child tests positive for the virus, your child will be moved to a room away from other students and staff until you can pick him/her up. The student will have to quarantine for ten days and can return on the 11th day after receiving a negative PCR test result.

People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. The following are symptoms of COVID-19:

Feeling feverish or a measured temperature greater than or equal to 100.4 degrees Fahrenheit, Loss of taste or smell, Cough, Difficulty breathing, Shortness of breath, Fatigue, Headache, Chills, Sore throat, Congestion or runny nose, Shaking or exaggerated shivering significant muscle pain or ache, Diarrhea, Nausea or vomiting.

This list does not include all possible symptoms.

Disclaimer:

While we realize precautions will be taken, please understand that neither the test administrator nor Broward County Public Schools, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to your child or yourself (if student age 18 or older), as a result of agreeing to the test.

Our vision, as a community, is to cultivate character and foster life-long learning through a challenging educational experience in a safe environment.

www.pinescharter.net



Pembroke Pines Charter School - West Campus (<http://tiny.cc/ppcswest>)

Pembroke Pines Charter Middle School
West Campus
18501 Pembroke Road • Pembroke Pines, FL 33029 • 954-443-4847 • 954-447-1691 (fax)

| | |
|--|--|
| Parent/Guardian Print Name: | |
| Parent/Guardian Cell/Mobile#: <i>Note: results will be texted to this cell#</i> | |
| Parent/Guardian Email Address: | |

| | | | |
|---------------------------------------|---|---------|------------------------------|
| Child/Student Print Name: | | | |
| School ID#: | | | |
| Healthcare Provider/ Phone Number: | | | |
| Street Address: | City: | State: | |
| Zip Code: | County: | | |
| School: | Grade Level: | | |
| Date of Birth: | Age: | | |
| Race/Ethnicity: | Asian Hispanic Native American/Indigenous Black White Unknown | Gender: | Male Female Other/Unknown |

By signing below, I attest that:

A. I consent, and authorize the school system to conduct collection and testing of my child or me for COVID-19 by nasal swab.

B. I acknowledge that a positive test result is an indication that my child must self-isolate in an effort to avoid infecting others.

C. I understand the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my child's test results. I agree I will seek medical advice, care and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens.

D. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID 19 test result.

E. I understand that this test may occur multiple times throughout the 2021-2022 school year, and authorize testing of my child throughout the 2021-2022 school year. I understand that this authorization may be rescinded by providing signed written notice of rescission to the school system.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. 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 consent, and agree to this testing for COVID-19.

Parent Signature/Guardian _____ Date _____