

PORT ORFORD



LANGLOIS 2CJ
SCHOOL DISTRICT

PORT ORFORD-LANGLOIS SCHOOL DISTRICT 2CJ

Steve Perkins, Superintendent

District physical address:
45525 Highway 101
Sixes, OR 97476
Tel: (541) 348 – 2544

District mailing address:
P.O. Box 8
Port Orford, OR 97465
<http://www.2cj.com>

Dear Families of 2CJ:

ODE has come out with a “Test to Stay” program to help alleviate quarantine times among exposed students. If your child is exposed to a positive case at school, there are two options. One is quarantining at home. The other is to participate in the “Test to Stay” program.

Test to stay means that we can test your child at school if they are exposed to a positive case at school. If their test is negative, they would stay in school and test again 5-7 days later. Your child would not need to quarantine at all with negative tests. **Signed forms must be on file to participate in the test to stay program.** If you would like your student to participate, the attached form must be completed and returned to school (two-sided, check the MIDDLE BOX). It saves school staff and the district nurse important testing time if we have your form on file prior to a positive case exposure. **The school will notify you prior to administering every test, and you may revoke consent at any time.**

It is important to note that the test to stay can only be accessed by students who are exposed to a positive case on the bus to or from school, or during the school day. Test to stay cannot be accessed due to outside exposures or those occurring during extracurricular activities.

Also remember, masks are to be worn at school. Students wear masks indoors unless actively eating or drinking, or participating in physical activities (PE). We appreciate you supporting this from home.

Thank you so much for your time and consideration in this matter. If you have any questions, please feel free to contact your child’s school.

COVID-19 General Consent Form

To be completed by student parent or guardian			
Parent/Guardian Information <i>(You will be notified with test results.)</i>			
Parent/Guardian print name:			
Parent/Guardian mobile number:			
Parent/Guardian email address:			
Student information			
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	
Student name:			
Home address:		City:	
ZIP code:		County:	
Date of birth: (MM/DD/YYYY)		Grade level:	

Consent	
<p>By completing this form and returning it to my school, I confirm that I am the parent or guardian of the student(s) listed above, and that I consent to allow for my student to be tested for COVID-19 during the 2021-2022 academic school year by providing either a shallow nasal swab or a saliva sample. COVID-19 testing may be offered to students in three circumstances: (1) if my student(s) develop(s) new symptoms of COVID-19 while at school; (2) if my student(s) is exposed to COVID-19 in a school group and the local public health department recommends testing; (3) once a week screening testing for COVID-19. I understand that I may consent to any or all types of testing.</p> <p>I understand that COVID-19 testing for the student(s) is optional and that I may refuse to give consent, in which case, my student(s) will not be tested. I understand that my student(s) must stay home from school if feeling unwell.</p> <p>I understand that an independent laboratory acting on behalf of my school will conduct the weekly screening testing. I understand that in order for weekly screening testing to be performed at an independent laboratory, certain personal information regarding my student(s) will need to be communicated to the laboratory for purposes of administering the program, and only to the extent necessary to administer the program, including student name, date of birth, and school cohort.</p> <p>I understand that the Oregon Health Authority (OHA) has ordered these tests. I understand that neither OHA or the school is acting as my student's healthcare provider and this testing does not replace treatment by my student's healthcare provider, and I assume complete and full responsibility to take appropriate action regarding the</p>	

COVID-19 General Consent Form

Consent

student's test results. I understand that it remains my responsibility to seek medical advice, care and treatment for my student(s) from their healthcare provider.

I understand that there is a possibility of false negative COVID-19 test results and that my student(s) could still be infected with COVID-19 even if the test result is negative. I also understand that if my student(s) tests positive for COVID-19, the test result will be reported to the local public health authority as required by law.

Personal health information will not be released without written consent except when required by law.

- I give permission for school staff to test this student(s) for COVID-19 if new symptoms develop at school.
- I give permission for school staff to test this student(s) if they are exposed to COVID-19 within their school cohort and testing is recommended by the local public health authority.
- I give permission for my student(s) to participate in weekly screening testing for COVID-19.

Signature of Parent/Guardian

Date

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhsosha.state.or.us. We accept all relay calls or you can dial 711.